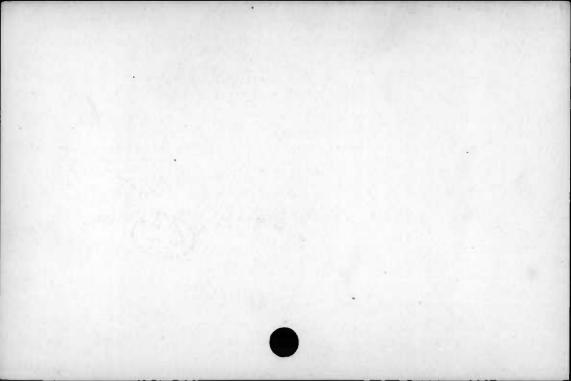
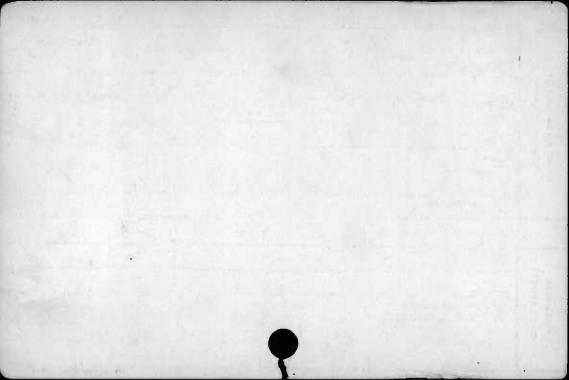
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Al Marys Cuntery A.J. Marshall 3539 Lall Road

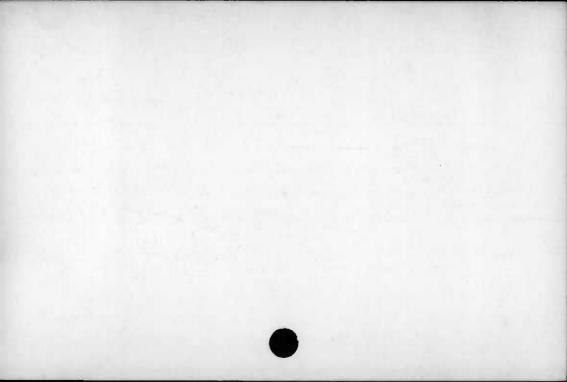
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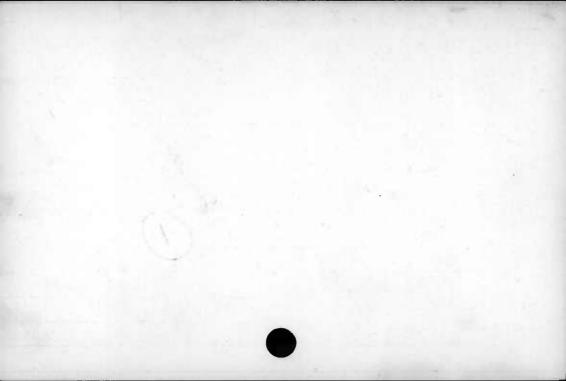
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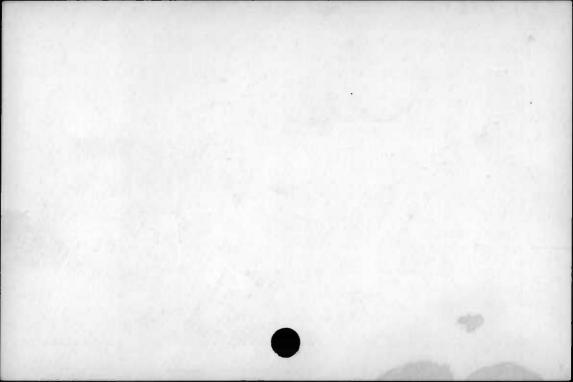
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A Maurice Routeon Greene & Saratogats Ludon Park benuty Name in Full CERTIFICATE OF DEATH MARYLAND Months Date of death 190 Color or Birth-ANSWERED FRIEN place Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed 田田田 Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving In formation CAUSES OF DEATH Primary How lon Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Accident or Suicide?

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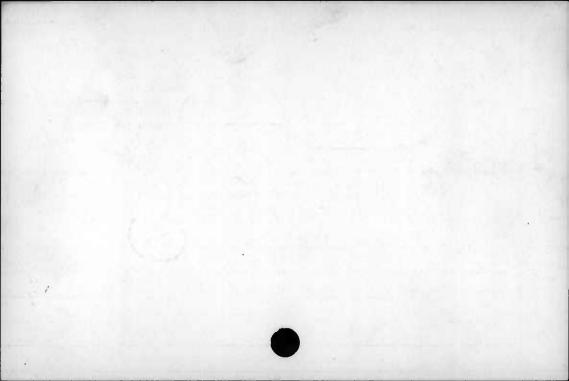
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(hudestakes, 3515 E. Bollo Pr. Pak Jauer Cemetery. June 14/08.

Name	11 00 10	N. N.C. Inc. of the second
in Full	Mary d'. Bennett	CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Highlandtown Ballo.	/ MARYLAND
	of death 1908 June 4 nge 70	Months Days
	Sex Tiemale Color or White Birth-place	Md.
	Occupation Where Residing if not at place of death	
	Married, Single Widow Name of Wile or Geo. S. Brand	tt
	Father's Oben Hurth. Father's Bigthpla	
	Mother's Marine Millie Marine Birthpla	
	Name of person giving Teletcher M. Bennett How rel	
CAUSES OF DEATH (154)		
PHYSICIAN OR CORONER	Printing of old. age. Howlon	
	Immediate How ion,	. 0
	Are the name, age, sex, color. date and place correctly given above? Uso Signature of Physician Physician	nagneso ma
	Address 1576 East	Waltum I
X	Accident or Suicide?	Sattunore
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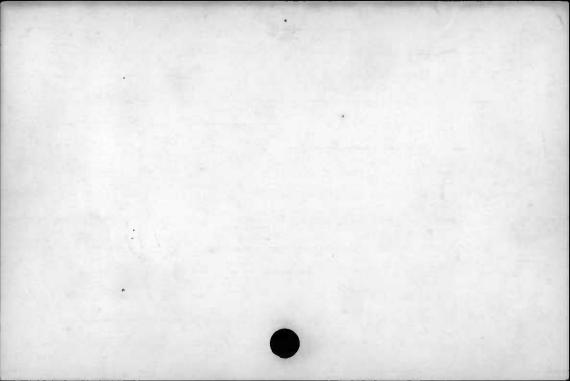
Mount Carmel Cemetery June 6th 1908 Lilly & Beiler Undertakers

Name in Sarah Elizabeth Butels pacher Died at St. agues Hosp. Ballo MARYLAND Date of death 190 8 June 191 10 Sex Jeruale Color or white Birth-place and. Where Residing if not 604 Cale Dt. House work Name of Wileer Leve Ce E. Married, Single M. Beutelopacher Father's Eli G. Woolfendens Father's Birthplace England Mother's maryland Mother's Marden Name Sarah E. / Sailey How related to deceased We E. Bentel pac CAUSES OF DEATH alcoholism - 1 Immediate Urenia - (Small granulas Ridney) Are the name, age, sex, color, date yes. and plece correctly given above? Physician Address tagnes stoopstal. (fracture Jums) Accident or Suicide? LIBRARY BUREAU ASSELS

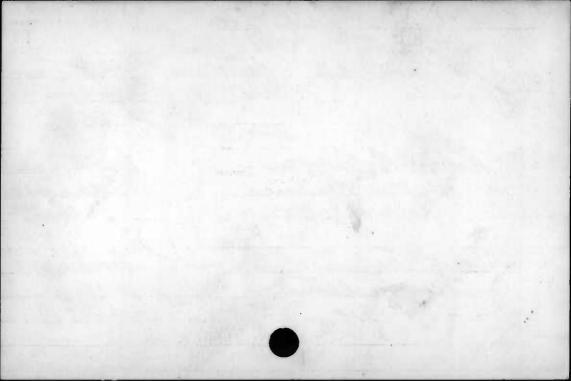


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Joseph Joerdens & Son St. Pauls Cerneby. Name in CERTIFICATE OF DEATH Full Town County MARYLAND Died at Years Months Days Month Date Age of death 190 . BY ٥ Color or Birth-ANSWERED REST FRIEN place Sex Race Occupation Where Residing If not at place of death Name of Wile or Married, Single Husband Marred or Widowed NEAF BE Father's Father's Birthplace / Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH dow lon Primary How long. CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU A



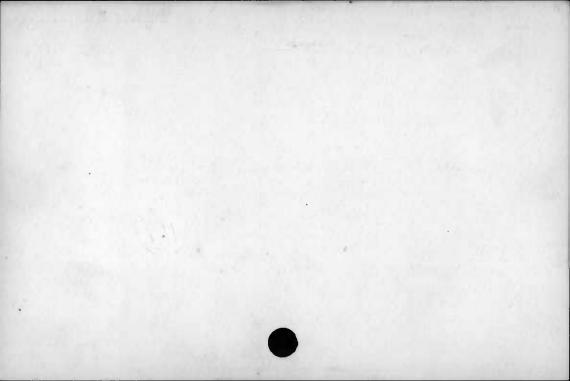
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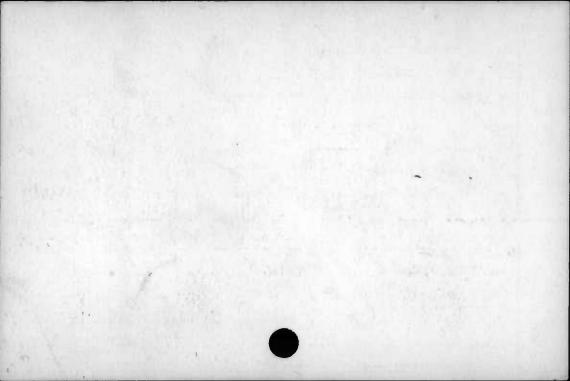


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July 1 1908 A. Marshall 3539 Fall Rooef Name in Full CERTIFICATE OF DEATH Highland Died at MARYLAND Months Years Date Days of death 190 Age Δ Color or Birth-ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife or or Widowed Husband BE Father's Father's Name Birthplace 10 Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation CAUSES OF DEATH Primary How lon ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signatura of and place correctly given above? Physiclan Address 00 Accident or Suicide? LIBRARY BUREAU ASSELS

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A. Lander Yours Met Carnel June 28/08 Name in Full CERTIFICATE OF DEATH County Died at more MARYLAND Month Months Day Date of death 190 Age 0 Color or Race Birth-FRIEN ANSWERED place Sex Occupation Where Residing if not at place of death Name of Wite or Married, Single Husband or Widowed TO BE Father's Father's chof Know Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary er Deberley Terral -ONER How long PHYSICIAN **immediate** 80 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS

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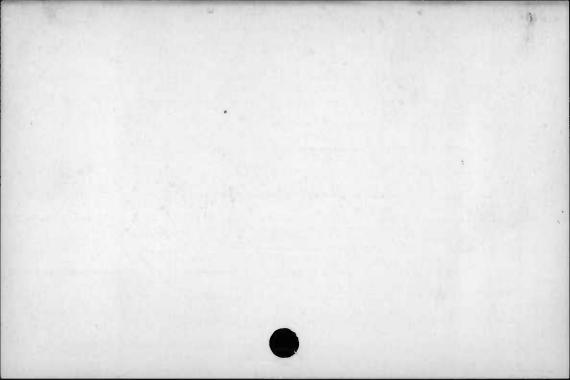
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Juna 4-1908 N. S. Ularshall 3539 Falls Road

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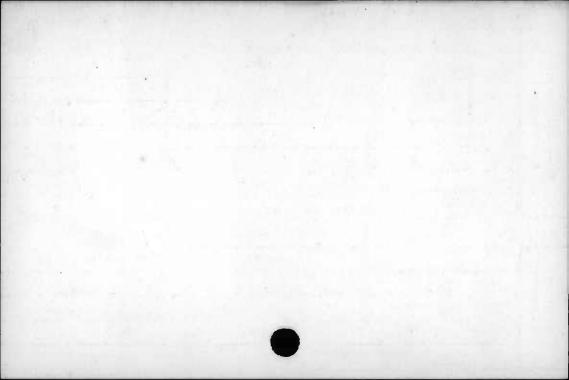


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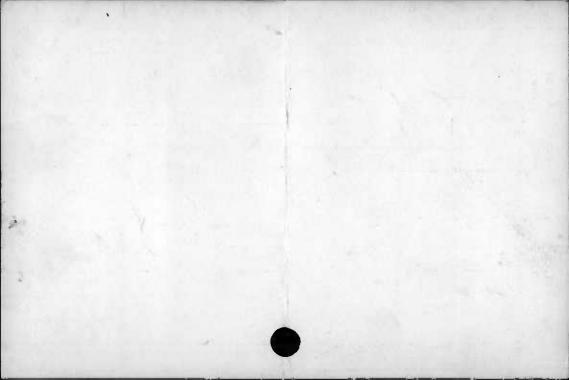
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Western Com Mu Cooks Dog Eg (aufan) Name in Full CERTIFICATE OF DEATH MARYLAND Months Date Davs Color or NSWERED Race Occupation Where Residing if not at place of death Married, Single Name of Wife or B or Widowed Husband Father's Father! Name Biethplace Mother's Mother's Maiden Name Birthplace. Name of person giving How related In formation to deceased CAUSES OF DEATH EB How long PHYSICIAN NO Are the name, age, sex, color, date and place correctly given above? Physician Accident or Suicide? LIBRARY BUREAU ASSELS



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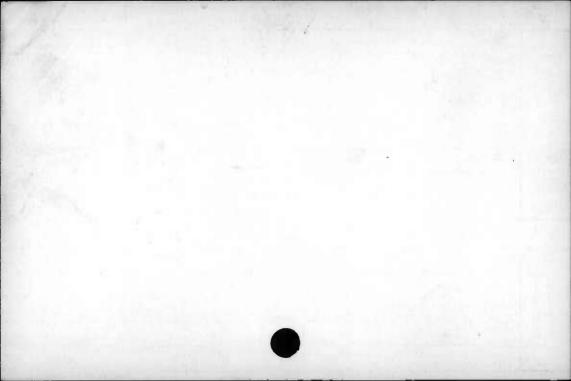
Durid Ridgo June 15-4/908 N. S. Marchall 3539 Fall Road

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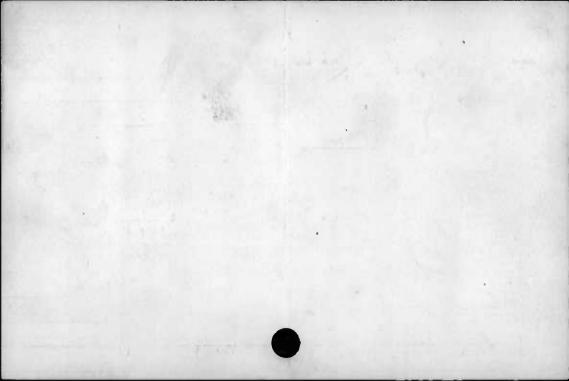
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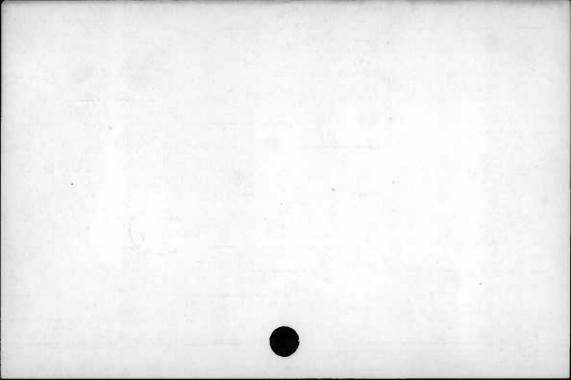
John J Cowan Hudertaker. 901 Hollin 30. St. Reters. Cenetary Name beself ward in CERTIFICATE OF DEATH Full Rossneu MARYLAND Days Years Date Age Birth-Color or RIEN ANSWERED Sex place Race Where Residing if not at place of death . Name of Wite br Married, Single 6.47 0 Husband or Widowed ы Father's Father's Birthelace Name POL Mother's Mother's Birthplace Maiden Name Name of person giving How related noae 1 to deceased In formation CAUSES OF DEATH Primary 2 Lays Ban CC LUI How long , Z Immediate 0 C Are the name, age, sex, color, date Signature of and place correctly given above? Physician 220 Accident or Suicide? LIBRARY BUREAU ASSESS



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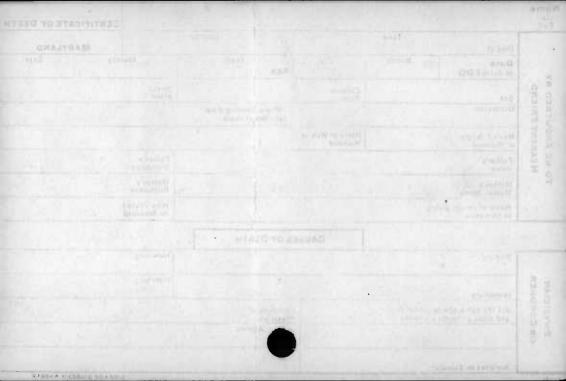


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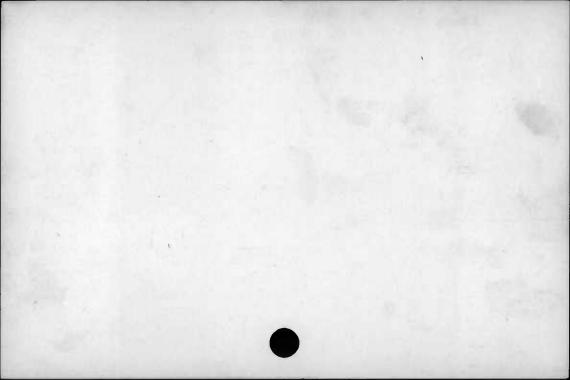


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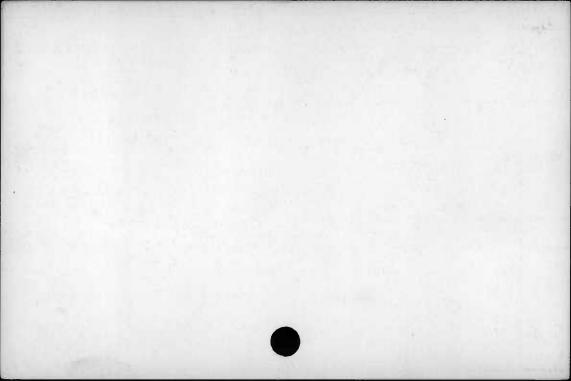
Wendell Dippel & Con 3305. Bend St. Chipped la Charlington D.C. June 2 3rd/88. Name in Momo Dukuwa CERTIFICATE OF DEATH Full County Died at Woodlawn Bulhmon MARYLAND Day Months Days Date 4is Age 25 of death 1908 June Color or Race white Birth- Russia male ANSWERED Sex Where Residing if not (Retired 3 yro ags) at place of death AREST Name of Vile or Married, Single Married Father's Father's Hasis trelpman Birth blace Lina porman Mother's Birthplace How related Name of person giving troid R. Isral to deceased Brother in law In formation CAUSES OF DEATH Primary Tuberculesis How long ONER PHYSICIAN "as Klenia" Immediate Signature of Louis P. Namburger Are the name, age, sex, color, date 425 and place correctly given above? Address /210 Eutaw Place Accident or Sulcide? LIDRARY BUREAU ABSELS



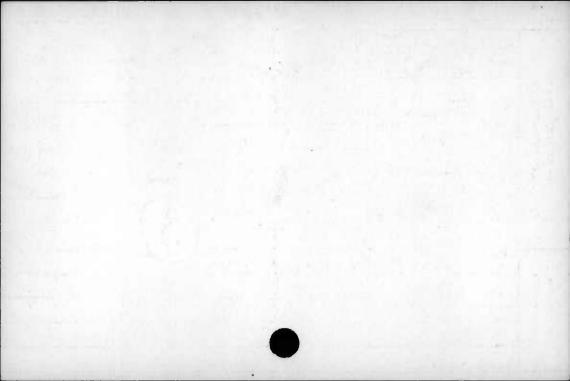
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Married, Single or Widowed Name of Wife or Husband Father's Name Mother's M	my
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CAUSES OF DEATH	
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Immédiate Are the name, age, sex, color, date and place correctly given above? Address Address How long How long How long	-
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Name in Full CERTIFICATE OF DEATH Qounty Died at MARYLAND Months Days Date of death 190 REST FRIEND Color or Birth-ANSWERED Sex Occupation Where Residing if at place of death Name of Wije of Married, Single Husband as Withouse NEAR BE Father's Father's Name Birthplace To Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long Dunens CORONER Howlong PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address E Œ Accident or Suicide? LIBRARY BUREAU ABBELS

Min Certe soa & Horth one Interment Pa Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Months Date. of death 190% Age um FRIEND Color or Birth-place ANSWERED Sex Race Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed NEAF BE Father's Father's Name Birthplage 10 Morner's Mother's Maiden Name irthplace How related Name of person giving arres In formation to deceased CAUSES OF DEATH How Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ 0 Accident or Calle? LIBRARY BUREAU ASSESS

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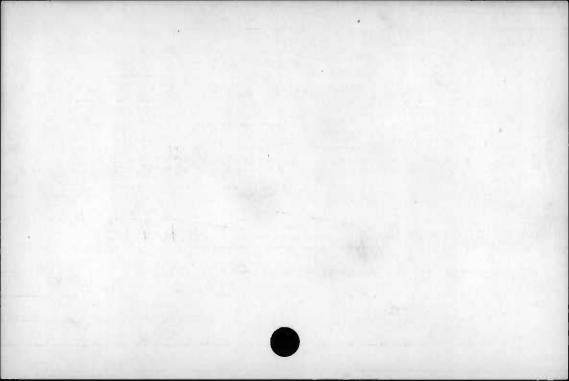
Montoook 502 6. Horth one Baltimore June 26, 1908 Name in Full CERTIFICATE OF DEATH Town . County MARYLAND Month Day Months Date Days of death 190 & Age Color or Birth-ANSWERED FRIEN Sex place Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife or lus Husband or Widowed Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving Mismie How related to deceased CAUSES OF DEATH Primary How lor ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY DUREAU ASSELS

Mcholae Fink Cedar Hill Name In Full CERTIFICATE OF DEATH County Town Died at MARYLAND Month Day Months Days Date Age of death 190 BY REST FRIEND Color or Birth ANSWERED place Sex Race Occupation-Where Residing if not of place of death Married, Single Name of Wile or Husband or Widowed NEAR M Father's Father Birthplace Name OL Mother's Mother's Birtholace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS

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Name in CERTIFICATE OF DEATH Full MARYLAND Months Date of death 190 8 Age BY ۵ Birth-Color or ANSWERED NEAREST FRIEN Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed Husband BE Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary How long CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSETS

Christian Miller 2334 Jefferson St. mt barnel benetary June 29/08 Name in Full CERTIFICATE OF DEATH Died at Bales. MARYLAND Months Date of death 190 & Color or mare ANSWERED Occupation Where Residing if not at place of death Married Single Name of Wife or Husband or Widowed Charles Mother's Birthplace Name of person giving Chea Planery How related Fall from fence) CAUSES OF DEATH Fracture dislocation 5- Carneal verteba Folay 3 How long Immediately per pyrexia - respiratory failure Z Are the name, age, sex, color. date and place correctly given above? Physician Address accident Bullo, Med Accident on Suicide?



Name in Full CERTIFICATE OF DEATH MARYLAND Date Month Day Years Months of death 190% Age = LUIL FRIEND Color or Race Birth-place TO BE ANSWERED Occupation Where Residing if not at place of death Morris Married, Single Name of Wile or or Widowed Husband Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary Euceph alocele (longendal How long -Aron Birth CORONER PHYSICIAN How long **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? BIBBARY BUREAU ANDSID

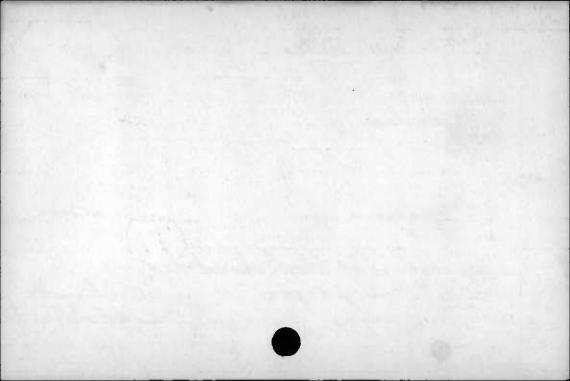
10 be buried June 27/08 at Poplar M. E. Church by John R. Hord (father Name in Full CERTIFICATE OF DEATH County MARYLAND Months Days Date Color or Race ANSWERED Occupation Where Residing if not deltaus at place of death BE Father's Mother's Mother's Birthplace Maiden Name How related B Name of person giving In formation CAUSES OF DEATH Primary How long 0 Are the name, age, sex, color, date and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ASSESS

Graham F. Oher Jana.
123 Majorthe an remove to Bell city Madiean 6/34.

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Jos B. Cook

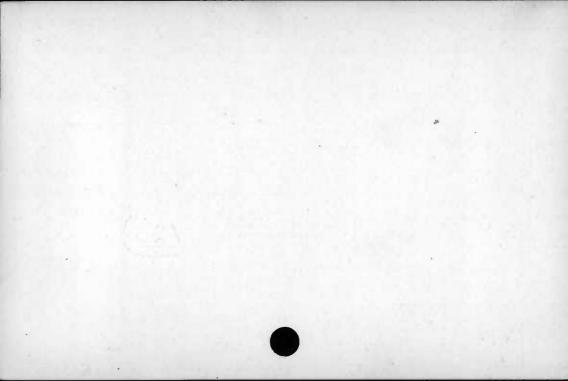
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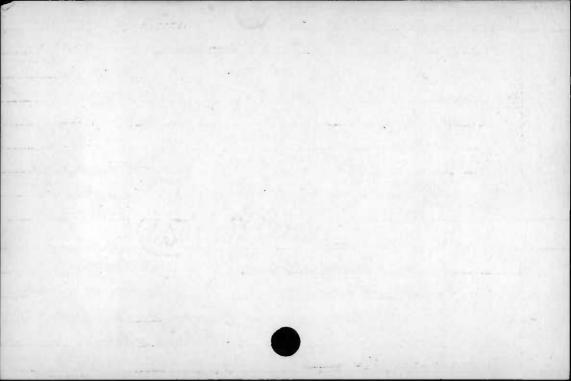
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in Full	Salloway, William.		CERTIFICATI	OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at Clutonspolle Back		MARYLAND						
	Date of death 1908 Sure Age Gas	Months Days		Days					
	Sex Mule Color or Gold	Birth- Mary Cand.		ud.					
	Occupation Laborer Where Residing if not at place of death		/						
	Married, Single Name of Wite or Husband								
	Father's Name Ruk	Father's Birthplace Cent.							
	Mother's Maiden Name	Mother's Rirthplace Luk.							
	Name of person giving In formation	How related to deceased							
CAUSES OF DEATH (120)									
PHYSICIAN OR CORONER	Primary In becility	How long	The.						
	Immediate Unerice Bright Dissuse	How long	I mes						
	Are the name,age,sex,color.date and place correctly given above? Signature of Physician	rey	Made						
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1	Accident or Suicide? 20.								
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Name in Full CERTIFICATE OF DEATH Town Died at MARYLAND Months Davs Month Date Age of death 190 Color or Birth-ANSWERED FRIEN Race Occupation Where Residing if not at place of death Married, Single Name of Wife or Husband or Widowed BE Father's Father's Birtholace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address HO Accident or Suicide? . PIRBURA BOSEVA VESSIE

Albert F. Phillin St. Many's yoranstonn

Name Callerine Sumon in Full CERTIFICATE OF DEATH Died at Met Hone Retrous MARYLAND Months Date weknown lukuron Birth-Scolland Color or ANSWERED FRIEN Occupation Whera Reading if not Bulhun at place of death Married, Single Juille Name of Wifa or . Huaband TO BE Father's Father's Nama Mother's Mother Birthplace Maiden Name How releted Two at all. In formation CAUSES OF DEATH Primary irio Scleronis ORONER How long PHYSICIAN maria Signature of Are the name, aga, sex, color, date and place correctly givan above? Physician Addrass Accident or Suicide? LIBRARY BUREAU ASSESS



Name in Full County Retresorthe MARYLAND Months Davs Date FRIEND Color or Race Birth-ANSWERED place Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband 田田 NEA Father's Father's Lusen Jaffer Birthplace Name 10 Mother's Mother's Birthplace Marden Name How related Name of person giving In formation CAUSES OF DEATH Primary How long PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU ASSSES

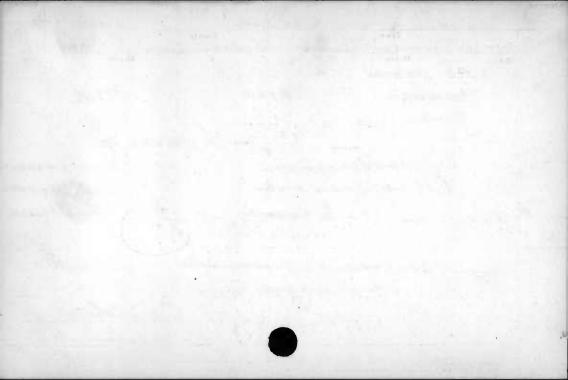
J.F. Chalker 25 Why an Interment at Slowe Clapsel June 24th 1908 Name in CERTIFICATE OF DEATH Full Town County MARYLAND Months Days Month Date of death 190 \$ Age FRIEND Color or male ANSWERED Sex Race Occupation Where Residing if not at place of death EAREST Name of Wite or Manual, Single or Widowed Husband Fatter's Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF BEATH Primary CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSTA

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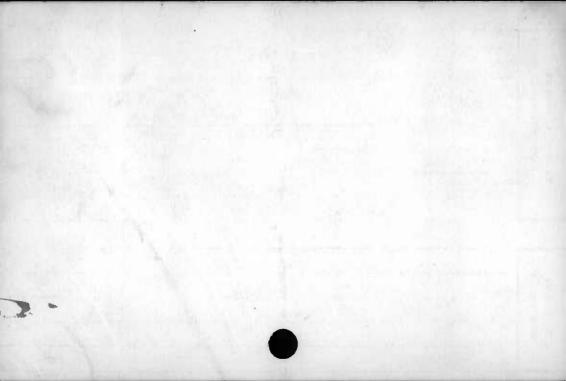
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TO BE ANSWERED BY NEAREST FRIEND	Died at Corane	1010.	Ballo		MARYLAND			
	Date of death 190 8 Sine	16 Day	Age Years	9 Ma) Months O Days			
	Sex Fémale	Color or Car	lite	Birth-	ucto, Md.			
	Occupation Emalen for years Where Residing if not at place of death							
	Married, Single Ong Re Warme of Wile or Husband							
	Father's Rolet Cala	Palder Fathe Birth			ther's Buitond			
	Mother's Marz L. Smith -			Mother's Phila Pa				
	Name of person giving Richard Gulget How			How related	How related Brother			
CAUSES OF DEATH (104)								
PHYSICIAN OR CORONER	Primary Stanieheurt de	0 -		howland	rany gravo			
	Immediate acute Indigashin. 1 Howlong 24 hrs.							
	Are the name, age, sex, color, date and place correctly given above?	7/22.	Signature of Ces, (N. 0	Tochna			
		Address Grank ? Trank .						
1	Accident or Suicide?	a a	Do Sta 10. Buto Ma					
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Name in Full CERTIFICATE OF DEATH Town Died at MARYLAND Months Days Date of death 1 90) Age FRIEND Color or Race Birth-ANSWERED place Occupation Where Residing if not at place of death REST Married, Single Name of Wile or or Widowed Husband TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person wing How related In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN 1m mediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicided Reduce LIBRARY BUREAU ABSS18



Name in Full CERTIFICATE OF DEATH County MARYLAND Months Days Date Age Birth-Color or Race FRIEN ANSWERED place Occupation Where Residing if not at place of death Name of Wife or Married, Sincle or Widowed Husband 田田 Father's Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary ER How long PHYSICIAN NO Immediate Œ Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRABY BUREAS ASSESS



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H. Ross. Mt auburn Cuneley Name in Full CERTIFICATE OF DEATH Town mine Died at 101 MARYLAND Months Days Date of death 1908 Age BY 0 Color or Birth-ANSWERED FRIEN Sex place Race Occupation Where Residing if not at place of death Married, Single Name of Wite or or Widowed Husband B Father's Father's Birthplace J Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long Strast disease. Ceup Sugestion sout mow. BC How long PHYSICIAN NO 000 Are the name.age.sex.color.date Signature of Mes and place correctly given above? Physician ŏ Address asucue ned Accident or Suicide? LIBRARY BUREAU ASSESS

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Name in Full CERTIFICATE OF DEATH Died at MARYLAND 6 Day Months Date of death 190 8 Color or Race Birth-Balto Eo. FRIEN ANSWERED Occupation Where Residing if not None Other Rec. at place of death REST Married, Single Name of Wife or Husband or Widowed TO BE Father's Father's is Hammelman Balto Go. Name Birtholace Mother's Mother's Margaret Gensler Maiden Name Name of person giving Margaret Hammelming to deceased in formation CAUSES OF DEATH Primary 5. mas. E How long PHYSICIAN NO Immediate Œ Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSGIE

Lilly + Beiler andertalsers Haly Redeemer Cemetery June 9 tu 1908

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5. D. Selly Linkeran Cemeley Name in Full. CERTIFICATE OF DEATH . County Telay MARYLAND Month Months Date Days of death 1 90 8 Age Color or FRIEN ANSWERED Race Occupation Where Residing if not at place of death Married, Single Name of Wite or Husband or Widowed Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Assident or Suicide? LIBRARY BUREAU ASSOLS

Caston & some Boward County. Name CERTIFICATE OF DEATH Died at West arlington MARYLAND Months Days Date of death 190 8 Birth-ANSWERED N FRI Husband Father's Mother's Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH Primary EB How long PHYSICIAN NO Œ Are the name, age, sex color, date Signature of and place correctly given above? Physician Address Accident or Suicide?

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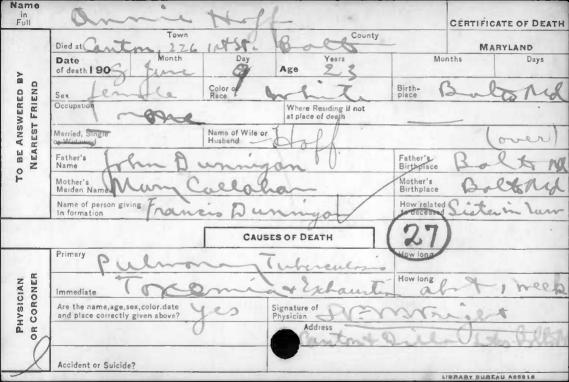
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John Burns Sons Jours ou Julennes av She Joseph ceur. Tegas Name in Full CERTIFICATE OF DEATH County MARYLAND Months Date Days Age NEAREST FRIEND Color or Birth-ANSWERED Occupation Where Residing if not at place of death Married Single Name of Wife or be Widowed Husband Father's Fether's Birthplace Mother's Mother's Maiden Name Pirthplace Name of person giving How related In formation to deceased CAUSES OF DEATH How long ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, dete Signature of Physician and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ASSES

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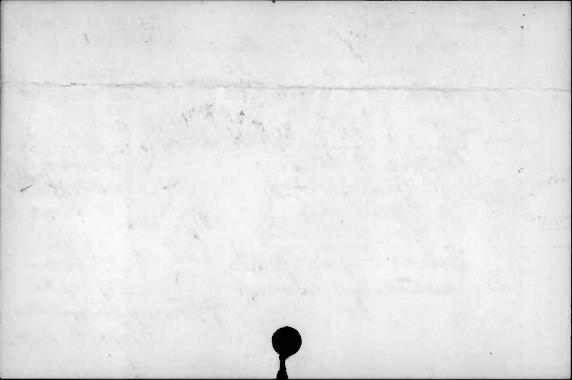
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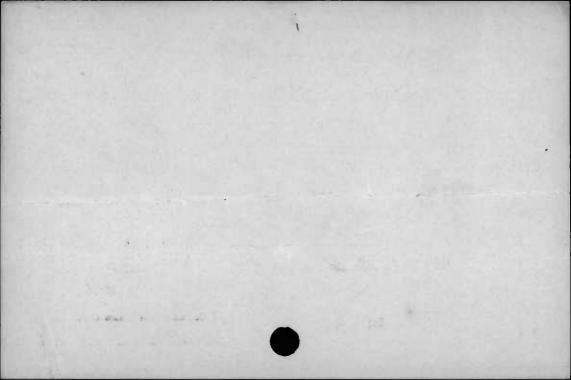


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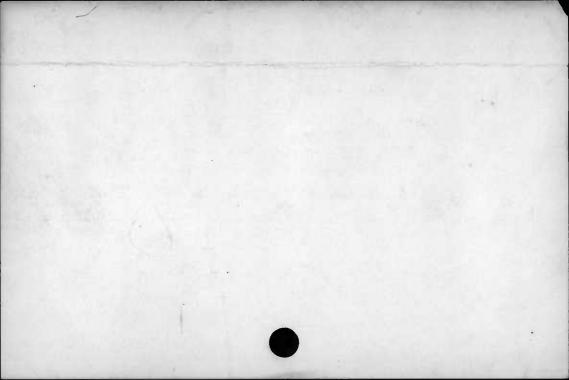
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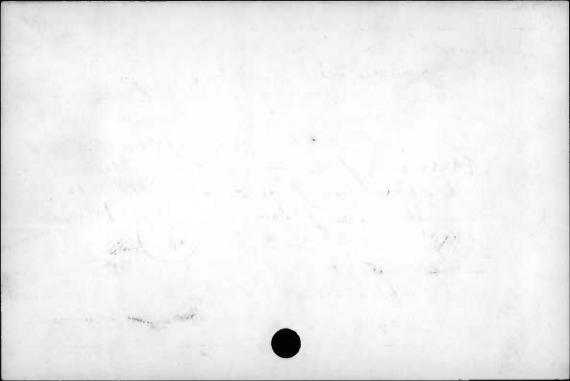
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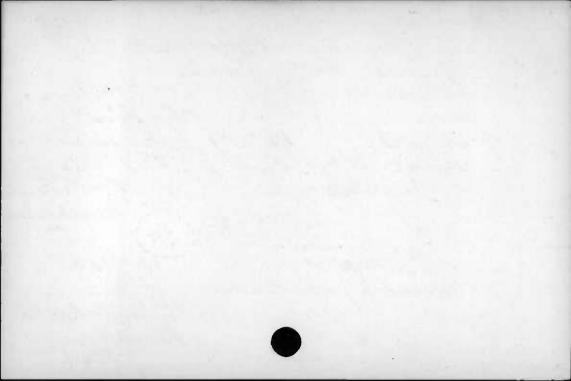
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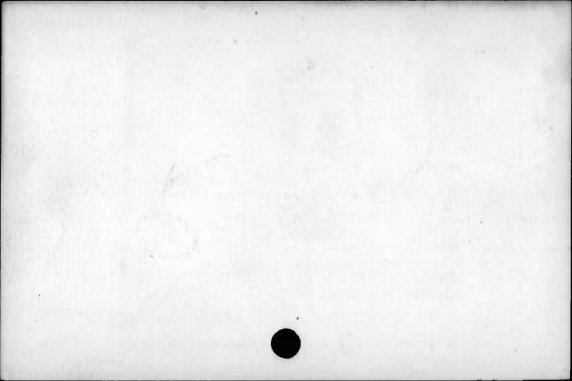
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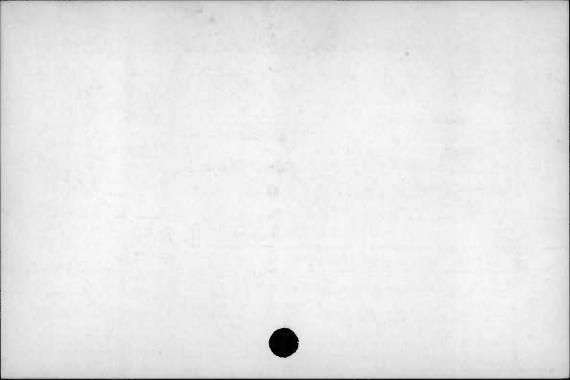
Name in Full CERTIFICATE OF DEATH emore) Died at MARYLAND Month Months Days Date of death | 90 Age ٥ Birth- Hamland Color or ANSWERED FRIEN Occupation Where Residing if not X at place of death Married, Single Name of Wife or Husband or Widowed M Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related to deseased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIC



Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date of death 190 0 Color or Race Birth-ANSWERED REST FRIEND Sex Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed TO BE Father's Father's Birthplace / Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary K PHYSICIAN NO Immediate OR Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address œ Accident or Suicide?

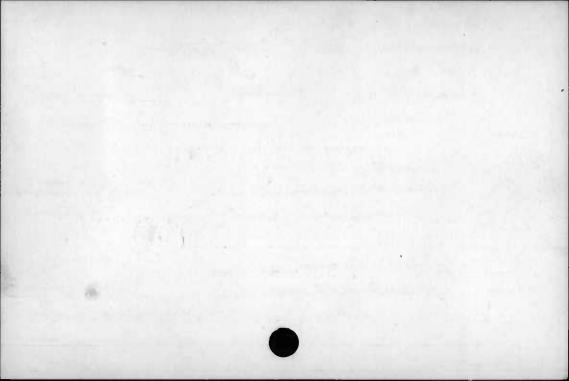


Name in CERTIFICATE OF DEATH Full MARYLAND Died at ladge Months Date of death 190 Color or ANSWERED Occupation Where Residing if not at place of death Name of Wile or -Married, Single Husbend or Widowed 38 Father's Father's Birthplace Name Mother's Birthplace How related CAUSES OF DEATH Primary ONER How long a Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSST

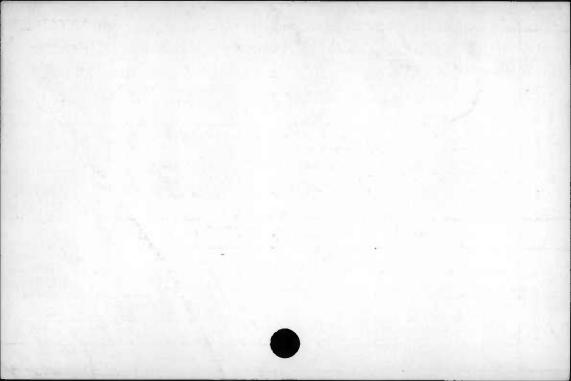


Name Enung. in Full CERTIFICATE OF DEATH MARYLAND Months Date of death 190 Age FRIEND Birth-Color or ANSWERED Sex place Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wile or or Widowed Husband TO BE Father's Father's Name Birthplace Mother's Mather's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary CORONER How long ulecous PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? OC. Accident or Suicide? LIBRARY BUREAU ASSSIS

Name in Full	Richard Leily.	CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Bultimore Bultimore	MARYLAND
	Date of death 190 8 6 19 Age 53	Months Days
	Sex male Color or white Birth-place	/ma.
	Stone cutter Where Residing if not at place of death 113 K.	Green st.
	Married, Single Single Name of Wife or Husband	
	Father's Name U w / Common Father Birth	
	Mother's Marden Name Cook Sirth	er's place
	Name of person giving Richard Keily (deceans how to de	related
CAUSES OF DEATH (40)		
PHYSICIAN OR CORONER	Primary Carcinoma of ocsophopus.	7
	Immediate Exhaustin - inaution. How	ong 3 weeks.
	Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Paul C	were ho
	Address Stagnes Strope tal	
X	Accident or Suicide? Bet. ha.	
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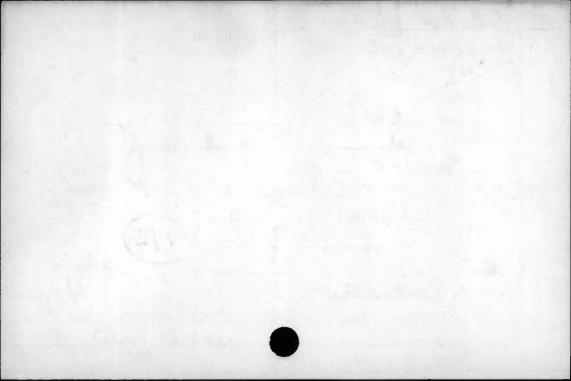
Name in Margenet Full CERTIFICATE OF DEATH MARYLAND Months Date Age Birth-Color or FRIEN ANSWERED place Occupation Where Residing if not at place of death Name of Wite or Married, Single or Wildowed Husband BE Father's Father's Michael Kelly Birthplace 10 Mother's Mother's Birthplace Maiden Name Name of person giving Multicel How related to deceased CAUSES OF DEATH Primary stereli 00 How long PHYSICIAN NO Immediate m Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Account of Surcide? LIBRARY BUREAU AS



Name in CERTIFICATE OF DEATH Full Town MARYLAND Months Month Date of death 1904 Birth-Color or While ANSWERED FRIEN Where Residing if not Dousruyon at place of death Name of Wile or Husband Mother's Birthplace Maiden Name Name of person giving In formation CAUSES OF DEATH Primary How long PHYSICIAN ORON Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OC. LIBRARY BUREAU A68616

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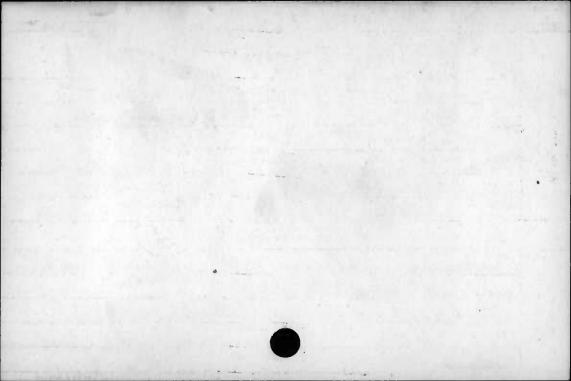
Name in Full CERTIFICATE OF DEATH Town Count Died at MARYLAND Month Months Day Days Date of death 1908 Age 10 BY REST FRIEND Color or Birth-ANSWERED place Sex Race Occupation Whera Residing if not at place of death Nama of Wife or Married, Singla Husband or Widowed NEAF BE Father's Father's Birthplace Name OL Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate & Are the name, age, sex, color, date Signature of and placa correctly given above? Physician Addies Œ Accident or Suicide? LIBRARY SUREAU ABB516



Name in Full CERTIFICATE OF DEAT MARYLAND Months Days Date Age of daath 190 0 Birth-Color or ANSWERED NEAREST FRIEN place Sex Occupation Where Residing if not at place of death Name of Wite or Married, Single margarel or Widowed TO BE Father's Father's Name Birthplace Mothar's Mother's Birthplace Maidan Name How related Nama of parson giving In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN **Immediate** Ara the name, aga, sex, color, date Signature of and place corractly given abova? Physician Address Accident or Suicide?

D. M. G. Chert Br. Cilk John Cemeling June 23/08

Name in CERTIFICATE OF DEATH Full County MARYLAND Months Days Date unknown hukum FRIEND Color or While ANSWERED Where Residing if not 3 alhunon Camphias REST Name of Wife or Married, Singla. Husband or Widowed Father's Birthplace i Mother's Mother's Birthplace Maiden Name (al How related Lot al all Neme of parson giving In formation CAUSES OF DEATH Primary How long CORONER PHYSICIAN Are the neme, age, sex, color, date Signature of Physicien end place correctly given above Address Accident or Suicide LIBRARY BUREAU



Name in Full CERTIFICATE OF DEATH MARYLAND Months Days Date of death 1 908 une Age Birth- Beltwere Cit Color or Race Sex male ANSWERED FRIEN Occupation Where Residing if not Backheele at place of death Married, Single or Widowed Name of Wife or Husband mone TO BE Father's Father's Birtholace Mother's Birthplace Maiden Name Name of person giving How related In formation to-deceased CAUSES OF DEATH RONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Q Acaidant or Suisida? LIBRARY BUREAU ACCESS

George A. Gerbig. London Park

Mame in CERTIFICATE OF DEATH Full Baltimore - Park 4 MARYLAND Date Sex Female Color or Race Birth-Birth- place North Carolina ANSWERED EN FRI Occupation Married, Single married or Widowed REST Name of Wife or Rev. Dr James J. Lassell Husband TO BE Father's Thomas L Mother's Many Chamberlain Mother's Birthplace How related Name of person giving 9 SLassell. to declased in formation CAUSES OF DEATH CORONER Are the name, age, sex, color, date Signature Physician and place correctly given above? Accident or Suicide? LIBRARY BUREAU ABSOLG

Geo g Smith 60 Drued Ridge leen ald Pinilico mood and I Late Ame

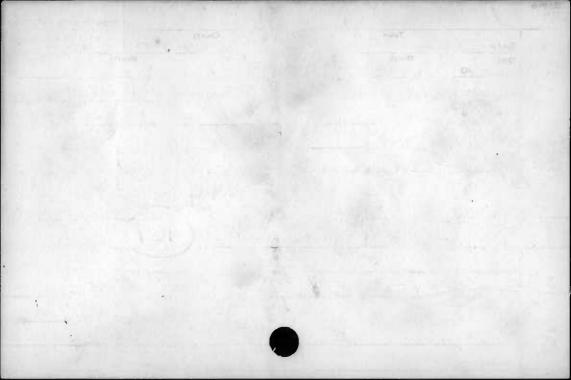
in levs. Nette Kraus Laugrehr. CERTIFICATE OF DEATH BalticuarE, Towson MARYLAND Months Age Years Date of death 190 8 June 24 Belticer. white. Sex Frenale Birth-Color or NSWERED place Occupation Where Residing if not BalticerorE, Housewift, at place of death Name of Wite or Husband Married, Single married Laugerhr. or Widowed Balto Father's Hrury Kraus Name Kuhlman. Mother's Birthplace Maiden Name Ishur Claugarter How related Name of person giving Husband In formation CAUSES OF DEATH Primary Wraemia -CC Lul How long Carriac Exhaustion Are the name, age, sex, color, date Signature of and place correctly given above? Physician theppard Hospital, Accident or Suicide?

Oak Lawn Cemetry Herwig Won 2008 Orleans & 6/8/08

Name in Full	Carl Laugre	CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at Towson		Baltin ore,		MARYLAND			
	Date of death 1908 June	3	Age Years	Mo	onths	Day		
	Sex male,	Color or Race	mits.	Birth- place	10won			
	Occupation Where Residing if not at place of death			/	_			
	Married, Single Sufant Name of Wite or Husband							
	Father's John R. Laugrehr,			Father's Balto,				
	Mother's Maiden Name Vettie Krause Mother's Birthplace				Balto.			
	Name of person giving In formation	How related father.						
		CAUS	ES OF DEATH	151				
PHYSICIAN OR CORONER	Primary Prema	tun 6	birth	How lone				
	0	eranit	ion	How long				
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician							
			Address Shippers Wall Hapital,					
	Accident or Suicide?			258, 1	ur.			
					LIBRARY BURE	ALL ARRESTS		

Oak Lann beine 2008 Orlano H 6/3/08

Name in Full CERTIFICATE OF DEATH arrow Point MARYLAND Months Days Date Age 0 Color or Race Birth-ANSWERED FRIEN Sex Occupation Where Residing if not at place of death Married, Single Married Name of Wife or Husband TO BE Father's Father's Name Birthplace Mother's Maiden Name Name of person giving owirelated In formation CAUSES OF DEATH Primary How long Proc honer ORONER PHYSICIAN Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address Accident or Suicide? LIBRARY SUREAU ASSSIS



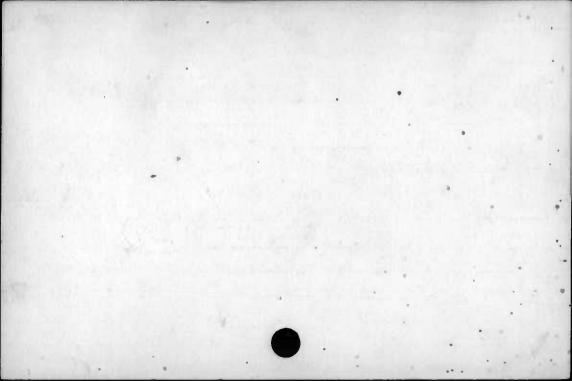
Name in Full Certificate of Death Elizabeth Lewin Dled at Governstown Baltimore Number of children living Husband Thomas. Lewin Wife Death Reported by Ho. O. Hoess Hux Addras Statt (Govans) Met be signed by physician, if any in attendance, other vise by coroner, undertaker or minister.

Attended by Dr. L. F. Phillis of/711. mary land ane Seen by Coroner Berried at Mc Benchin of Church Cemeter strlington Information contained in this certificate received from Friday Jene 2th 1908 Fratheris britiplace -Unknown

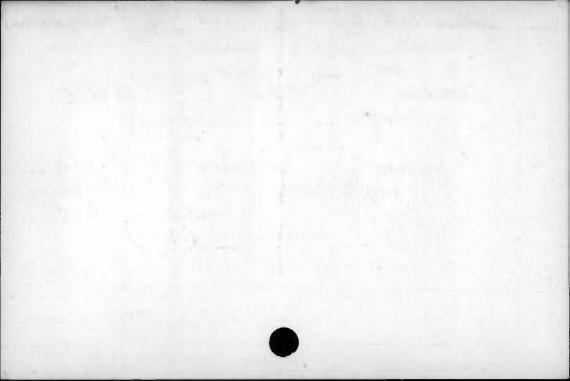
Name in Full CERTIFICATE OF DEATH MARYLAND Months Date Days of death 1 90 % Age Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not bulio - Tur et place of death ried. Single Name of Wife or Husband TO BE Father's Father's Name Birtholace Mother's Mother's Maiden Name Birthplace Name of person giving allice M. How releted CAUSES OF DEATH Primary ONER How long PHYSICIAN Immediate OR Are the name, age, sex, color, date Signature of end piece correctly given above? Physician Address Accident of Stillide LIBRARY BUREAU ASSSIS

Jrs. B. Crrk Waldorf Charles Co. Md. Name in Full CERTIFICATE OF DEATH County MARYLAND Day Months Davs Date of death 190 & Age 6 Color or Birth-FRIEN ANSWERED Race place Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed BE Father's Father's Name Birthplace Mother's Birthplace Name of person giving How related in deceased In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU MEBE 1.6

Dr. Mr Claudhan Clinton near Hoster ave Sacrel Heart. James Fackey-Socred Ytears Cemelary. -July 1 9 /08Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Date Age of death ! 90 Birth-Color or FRIEN ANSWERED Sex place Occupation Where Residing if not at place of death REST Married, Single Name of Wite or or Widowed Husband 100 K Father's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related in formation CAUSES OF DEATH Primary 田田 How long PHYSICIAN 20 C Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBBARY BUREAU ASSELS

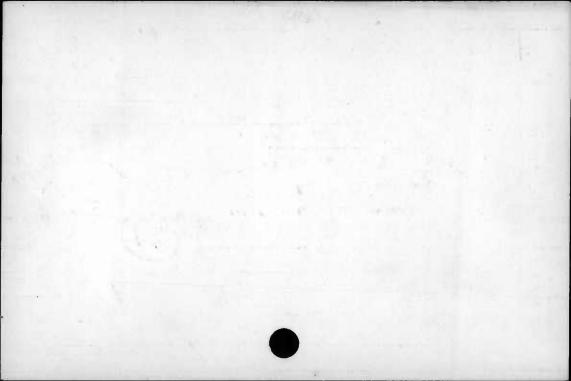


Name in Douaugh Full CERTIFICATE OF DEATH Town MARYLAND Date Months Days of death 190 X Age 0 Color or Race Birth-ANSWERED REST FRIEN Sex place Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed NEA TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation CAUSES OF DEATH Primary LI Tiong CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physiclan Accident or Suicide? LIBRARY SUREAU ACCOLG



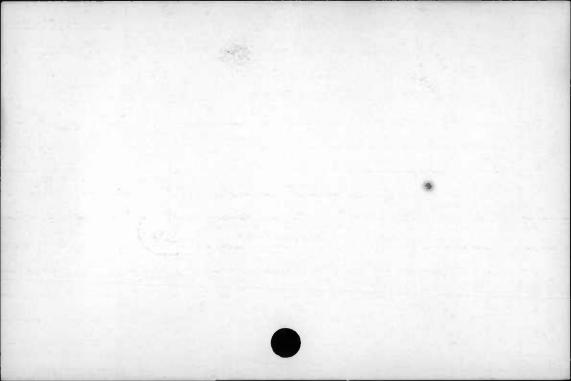
Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Date Davs Age Color or Race Birth-RIENI ANSWERED Sex Married Single or Widowed Name of Wife or Husband Father's Father's Name Birthplace . Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary Diabetes malletins ONER How long Dishetie Coma Immediate OR Are the name, age, sex, color, date Signature of M.J. meary and place correctly given above? Physician Address 00 8358- Caulo Bachmine Accident or Suicide?

Chas J. Erner Cathedral Consistery Name 10 Full CERTIFICATE OF DEATH County Died at MARYLAND Months Days Date of death | 90 8 Age Color or Birth-FRIEN ANSWERED Race Sex place Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed Husband TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long Tuber enlosis. Lucuman CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addres Accident or Sulcide? LIBRARY BUREAU ASSESS

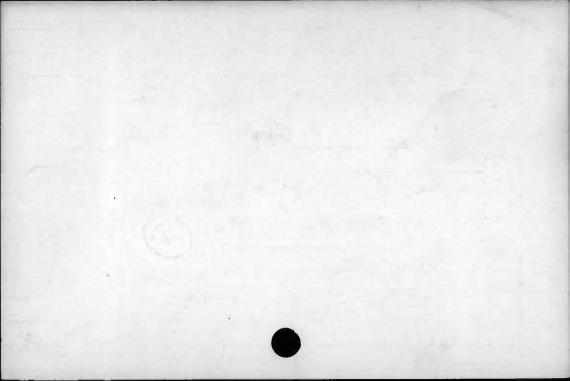


Name in Full CERTIFICATE OF DEATH Town County Died at MARYLAND Months Days Date of death 190 & Age REST FRIEND Color or Race Birth-place ANSWERED Occupation Where Residing If not at place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Name Mather's Mother's Maiden Name Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How lon ORONER How long PHYSICIAN **Immediate** Are the name, age Lex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Sulcide? LIBRARY BUREAU ASSSLS

foundent ark July 2/08 Sor Effeithey Name in CERTIFICATE OF DEATH Full Died at Bolderio Delegal MARYLAND Months Days Date Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Name of Vile or Married, Single Husband or Widowed 13 (1) Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary EB How long PHYSICIAN RON Immediate Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Address 0 LIBRARY BUREAU ABBS16

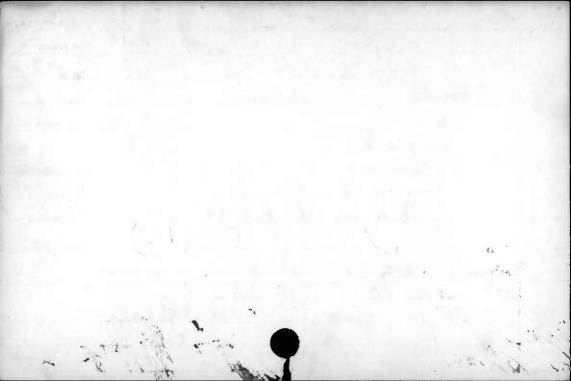


in Full	Ida Truple			CERT	IFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at Resotero torra	-	MARYLAND							
	Date Month of death 1908	Age	Years	Months Days						
	Sex Frank Color or Race	Whi	4	Birth- Ball	Baltimon &					
	Occupation Infant		Residing if not of death							
	Married, Single Surjes Name of Wile or Husband									
	Father's William 7	Father's Birthplace View								
	Mother's Maiden Name Cognes S	Mother's Birthplace								
	Name of person giving home. The		How related Zensten							
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary Whorbing Co	regla		Ho long 3	who					
	Immediate	How long								
	Are the name,age,sex,color.date and place correctly given above?	Signature Physician	of NV	uslad						
		Ac	dress Rain	lesstin	in Red					
X	Accident or Suicide?									
				LIBRARY	BUREAU ABBDIS					



Name in Csaachylie Mers CERTIFICATE OF DEATH County Town MARYLAND Month Day Months Days -Date of death 4 90 8 Color or ANSWERED REST FRIEN Occupation Where Residing if not at place of death Married, Single Marrie Name of Wife or Husband TO BE Father's Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to doceased In formation CAUSES OF DEATH Primary. EB How long PHYSICIAN ORON **Immediate** Are the name, age, sex, color, date and place correctly given above? Physician Address LIBRARY BUREAU

Ficher rome Laurel. Name in uis Mussersmit Full CERTIFICATE OF DEATH madleRion MARYLAND Months Date of death 1908 and Age male Color or Birth-ANSWERED place Occupation Where Residing if not at place of death Name of Wite or or Widowed Husband Father's La Messerometh ather's Birthplace Mother's Mother's Maiden Name Mulcuoco Birthplace Name of person giving Chao I Magness How related You we Can CAUSES OF DEATH Primary Valvale Dis-00; How long PHYSICIAN Z **Immediate** 0 Are the name, age, sex, color, date Signature of and place correctly given above? Physician mi Accident or Suicide? LIBRARY BUREAU ASSGLO



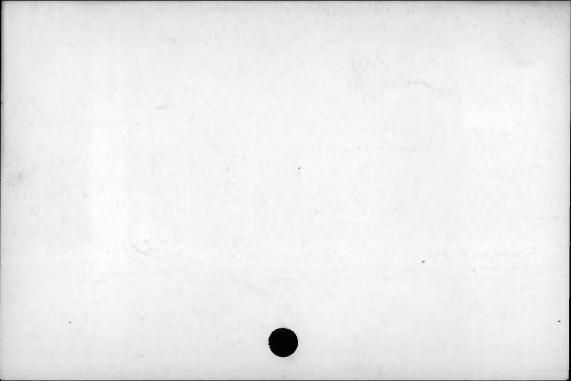
Name in Full CERTIFICATE OF DEATH Town County altinore man Died at MARYLAND Month Months Days Years Date 20 of death I 90 Age Color or Birth-ANSWERED FRIEN Sex Race place Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed 4481-NEA BE Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary 0 ONER How long PHYSICIAN Immediate Œ Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS

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rrame 17 47 in Full Actually The Miles DERTIFICATE OF DEATH Town MARYLAND Month Date Months Days of death 190% Age ANSWERED BY REST FRIEND Color or Race Birth-place Where Residing if not one at place of death Married, Single Name of Wile or or Widowed Husband TO BE Father's Father's Name Buthplace Mother's Mother's Maiden Name Birtholace Name of person giving How related In formation CAUSES OF DEATH Primary How lo CORONER PHYSICIAN How long **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician S. B. Address Accident or Suicide? LIBRARY BUREAU ASSST

To be buried June 29/08 at St. Joseph. Cemetry, Texas, Ind. by E. D. Selly. J. J. H. Bell.

Name Laculo mmi in Foll CERTIFICATE OF DEATH MARYLAND Months Date Balis. mus. Color or Birth-place Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed I olin marting moury Father's Birtholace Name of person giving Maria Musica Information How related no CAUSES OF DEATH E H How long PHYSICIAN NO Strature of Wilnur Are the name, age, sex, color. date and place correctly given above? Accident or Suicide? LIBRARY BUREAU ASSETS



Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date of death 190 Age abritato × 0 Color or Birth-FRIEN ANSWERED Sex Race place Occupation Whare Residing if not at place of desth NEAREST Name of Wife or Marriad, Singleor Wido yed Husband 38 Father's Father'a 9 Pirthplaca Name Mother's Mother's Meiden Name Birthplace How related Nama of person giving Information CAUSES OF DEATH Primary ER How long PHYSICIAN ORONE Immediate Are the name, age, aax, color, data Signature of Posician and placa correctly given above? Ü Address Accident OFFICE SUPPLY CO. B-20--08

Wendell Dippel & Sony

330 S. Bond Gr.

Dalle. Med.

Name Full CERTIFICATE OF DEATH MARYLAND Months Date Age of death 1908 Color or negro Birth-RIENI ANSWERED place Where Residing if not at piace of death Married, Single Name of Wite or Husband or Widowed Father's Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving Charles How related Pilinary. E How long PHYSICIAN RONE Immediate Couvulanous Are the name, age, sex, color. date and place correctly given above? Signature of Physician Address Accident or Suicide? LIBRARY BUREAU ADDIS

Robb A. Ellest Sandy Brttom Pacorm Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Date lune of death 190 Age Color or Birth-FRIENT ANSWERED place Sex Race Occupation Where Residing if not at place of death REST Married, Sinch Name of Wife or a-Widawed Husband 日日 Father's Father's Birthplace (Name Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary RONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS

Internet at Tayer butuely June 27 M. 6 Browns B

Name in Full CERTIFICATE OF DEATH MARYLAND Month Months Days Date of death 190 Age 0 Color or Birth-ANSWERED FRIEN Race Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed BE Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name Name of person giving How related deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS

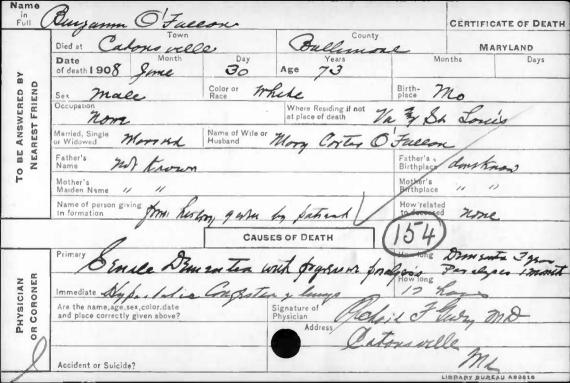
Intermentin Torrains Cemetery June 9 1908 Stewart +mowen les Unterlakeri 213- Park ave Baltimore ma

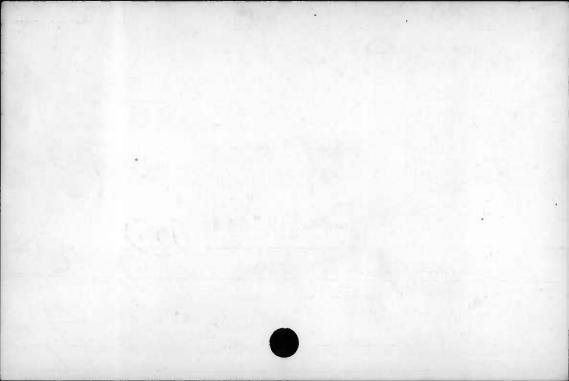
Name In Full CERTIFICATE OF DEATH Town Died at MARYLAND Months Date of death 190 X 7 Color or Birth-place ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife or or Widowed Husband Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long days. RONER How long PHYSICIAN el ays **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 0 0 Accident or Suicide? LIBRARY BUREAU AS

Bonnie 13

Name in Full CERTIFICATE OF DEATH Town Died at MARYLAND Months Days Date of death 190 % Color or Birth-FRIEN ANSWERED Race place Occupation Where Residing it not non at place of death Married, Single Name of Wife at Widverse Husband or Widowed BE NEA Father's Father's Name Birthplace Mothers Mother's Maiden Name Birtholace Name of person giving How related In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ABSELS

John a. Prosest.
Tholy Cross
Cameley.
July 3 rd. /08





Name in Full CERTIFICATE OF DEATH County MARYLAND Months Month Years Date of death 190 % user. Age REST FRIEND Birth-Color or ANSWERED place Occupation Where Residing if not at place of death Name of Wite or Married, Single or Widowed Huchand TO BE Father's Birthplace Mother's Mother's Birthplace Maiden Name Leans Name of person giving Aum How related CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? 1140 Physician Address Anidant of Suisme? LIBRARY SUREAU ACCOS

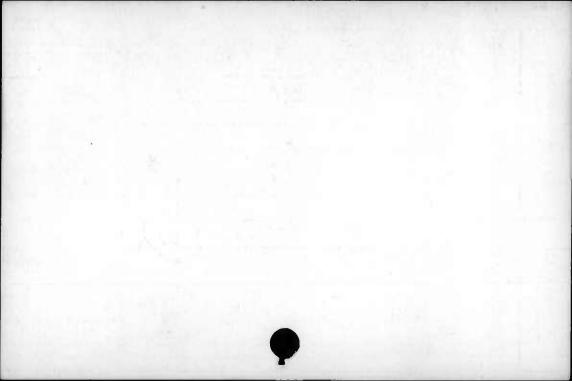
Interment at Jerson Toursey June 23 m. M. C Prooks Name in CERTIFICATE OF DEATH Ful! elecounty MARYLAND Years Months Day Date 25of death 190 X Age BY 0 Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Name of Wite or Married, Single Husband or Widowed NEAF BE Father's Father's Birthola Name 0 Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH How los Full bern Couly ORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color.date Signature of and place correctly given above? Physician Address Accident or Suicide? LINGARY BUREAU ASSESS

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Name in CERTIFICATE OF DEATH Full Died at MARYLAND Months Date Age of death 190 Birth-Color or ANSWERED FRIEN Race Where Residing if not at place of death REST Name of Wile or Married, Single Husband or Widowed M Father's Father's Name 0 Mother's Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary E How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIG

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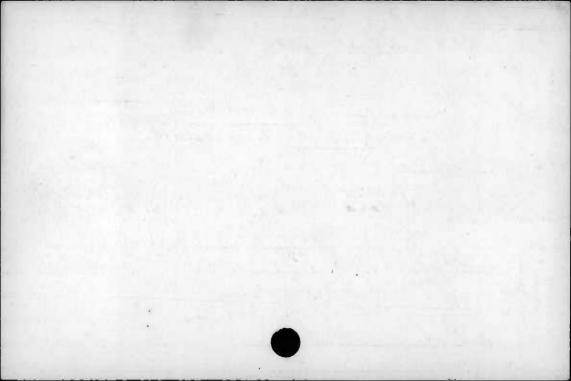
Name in Full	Thomas Newton	Pierpoin	CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Calonerille	Balls	MARYLAND
	Date of death 1908 fune 20	Age Years	Months Days
	Sex Male Color or Race	White	Birth- Colfnsulle hus
	Occupation Line	Where Residing if not at place of death	_/
	Married, Single or Widowed Surgle Name of Wite or Husband		,
	Father's Thomas & Presp	Cont	Facher's Md_
	Mother's May Elinore	Hoet /	Mother's Birthplace
	Name of person giving May & Pre	rhant	How related holler
CAUSES OF DEATH (6/)			
PHYSICIAN R CORONER	Primary Cerebro Spinal	nemystes	24 hours
	Immediate Coma,	O	How long 12 Rr
	Are the name, age, sex, color, date and place correctly given above?	Signature of 6-21	Mallfild m D
	Address Coulousulle me		
	Accident or Suicide?		
			LIBRARY BUREAU A68616



Name Inhant Thummer lo Full CERTIFICATE OF DEATH . County Died at Relay Bactimore MARYLAND Months 1/2 hour of death 1908 June Age Color or White Birth- Relay, Ind. Sex male ANSWERED N Occupation Whera Residing if not Kelay, md. none at place of death Name of Wife or hone Married, Singla or Widowed H Father's Maryland Father's Nathan Wilmer Flummer Mother's Manyland Mother's Maiden Name Anna Rhoda Hoke How related mother Name of person giving Mrs. n. W. Plummer CAUSES OF DEATH Primary Jace presentation - Prolapsed Cord Few minutes Howlong Few minutes ER Immediate asphyria from Compressed cord NO Are the name, age, sex, color, date and place correctly given above? Signature of M.R. Eareckson Address Elk Riage, ma. Accident or Spinish? LIBRARY BUREAU ABBOLS

Trederick William Hollener one one Name in Fiell CERTIFICATE OF DEATH Died at MARYLAND Month . inonths Days Date . Age of death 190 ۵ Color or Birth-FRIENI ANSWERED place Sex Race Occupation Where Residing if not at place of death REST Name of Wile or Marrietti, Si Widowed Musband NEA TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date. Signature of and place correctly given above? Physician Address Accident by Suicide? LIBRARY BUREAU ASSELS

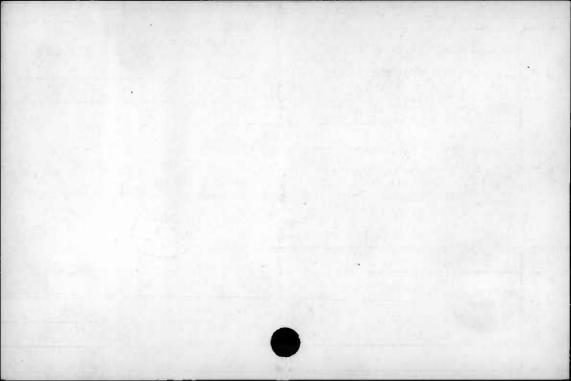
From I Loney Lane Aemur 1052 Nardford avs.
Palte. Med. Une Cook . Undertaker, - Name in Full CERTIFICATE OF DEATH Days Jane Color or Race Birthd'olicitare at place of death Married, Single Clarried Name of Wife or or Widowed Husband antonowa Father's Father's Mukuowa Unkunu Name Birthplace Mother's Mother's Mutuowa Un kuon Birthplace Maiden Name Name of person giving Records of tagn CAUSES OF DEATH ER How long Cardiae NO Are the name, age, sex, color, date and place correctly given above? Physician Accident or Suicide? LIBRARY BUREAU ABBBLG



Name in Full MARYLAND Months Date of death 1908 Color or Race ANSWERED FRIEN Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed 日日 Father's Father's Birthplace Name 9 Mother's Mother's Birtholace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary DRONER PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician 14 Bank ih Accident or Suicide? LIBRARY BUREAU ASSSTS John C. Schich & Sons.

Class Farm CemelenyJune 15 th /1908-

Name in Full CERTIFICATE OF DEATH Died at Boy Shore Park MARYLAND Date Months Days of death 190 8 Color or Race Birth-place ANSWERED FRIEN Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed Husband Father's Name Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to beased CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician OR Address Accident or Suicide? Jees Rent

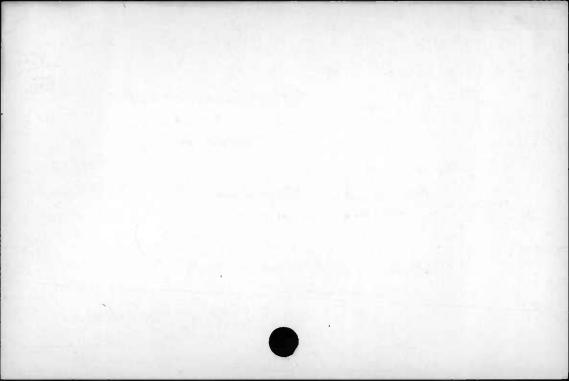


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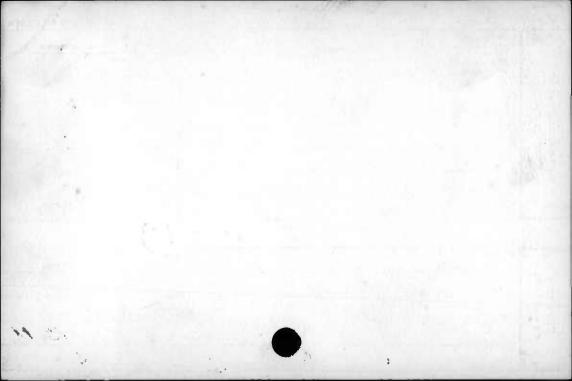
Sacred Heart Cemetery June 5 m 1908 Lilly + Geiler. Undertakers

Name in CERTIFICATE OF DEATH Full Died at MARYLAND Month Months Days Date of death 190 Birth-Color or ANSWERED REST FRIEN place Occupation Where Residing if not asa Inserver at place of death Married, Single www or Widowed Father's Name Mother's Mulmoure Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary Muberculosis of CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS

Geold Fines city St. Joseph. Cem. Texas Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Months Davs Date of death 190 % Color or Birth-ANSWERED REST FRIEN Race place Occupation Where Residing if not at place of death Married, Single Name of Will or Husband 0.14 TO BE Father's Father's Name Birthplage Mother's Mother's Birthplace Maiden Name Name of person giving How related to-deceased In formation CAUSES OF DEATH Primary 8 How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, late Signature of and place correctly given above? Physician Address oc. Accident or Suicide? LIBRARY BUREAU ABBBLB

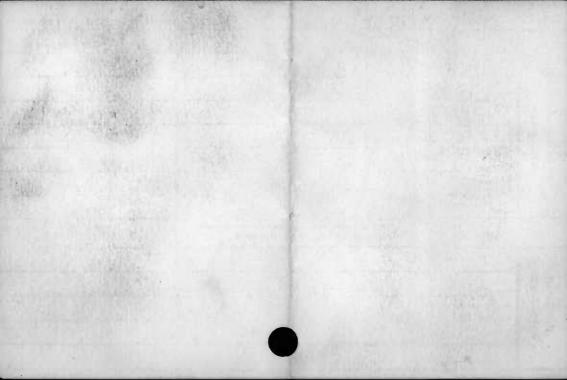


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Name in Full CERTIFICATE OF DEATH County morrell Par MARYLAND Died at Months Days Date Age of death 190 Birth-Color or FRIEND ANSWERED Sex Race place Occupation Where Residing if not at place of death Name of Wite or Married, Single or Widowed BE Father's Father's Birthplace Name To Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary ER How long PHYSICIAN NO BC, Are the name, age, sex, color. date Signature of 0 Physician and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ASSELS

6.W. Dill Weslein le emelong Name in Full CERTIFICATE OF DEATH Ballo MARYLAND Months Month Date of death 1 90 8 26 Color or ANSWERED Z male FRIER Occupation Where Residing if not at place of death Name of Wite or Married, Single Huchand or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Birtholace Maiden Name Name of person giving How related to deceased Wo In formation CAUSES OF DEATH Primary K How long 20 immediate 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address amplied hid Acaident or Spicide? LIBBARY BUREAU ASSESS



Name in Full	Waller >	Sapp		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Cauton own		Balt	MARYLAND			
	Date of death 1908	Day / 2 Age	Years	Months Still Livelts			
	Sex Male	Color or Race	vite Birth-	Caulin			
	Occupation None		re Residing if not ace of death				
	Married, Single or Widowed	Name of Wile or Husband					
	Father's Waller X		Father's Birthplace Mul				
	Mother's Marden Name Fillian Hagerl			Mother's Birthplace McC			
	Name of person giving (mother) fillian Hagorle			How related to deceased Mother			
		CAUSES OF 1	DEATH C				
PHYSICIAN OR CORONER	Primary Still	briet	U°"/	Full lever			
	Immediate		now le	ong			
	Are the name, age, sex, color. date and place correctly given above?	4/20 Signatu Physicia		loves m.D.			
			Address 3/16	. O'Donnell of			
	Accident or Suicide?						
				LIBBARY BUREAU ASSESS			

printy Cemetery June 13/08

Name in Full	Schmidt						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Courton		Balt		MARYLAND			
	Date of death 1908	Month	Day 2 7	Age Years	Mo	Months Da		
	Sex male		Color or Race	white	Birth- place	Caulosi		
	Occupation Where Residing if not at place of death							
	Married, Single or Widows Husband Husband							
	Father's Juseph Schweich A			Father's Birthplace				
F	Mother's Mary Koslowske,			Mother's Birthplace	**			
	Name of person giving In formation Williams this					How related deceased		
			CAUS	ES OF DEATH	7(105			
PHYSICIAN OR CORONER	Primary	holera	Infai	etien	How long	4 day	0	
	Immediate (Thans	tion		How long	1 day		
	Are the name, age, sex and place correctly g		400	Signature of Physician	Javiors.	Jones!	m-D	
			U	Address 3116 Oxformell RL				
X	Accident or Suicide?					J		
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M. F. SADOWSKI, 703 S. A. W. ST. BALTHORE; MD.

Holy Rosary.

JUN 28 1908

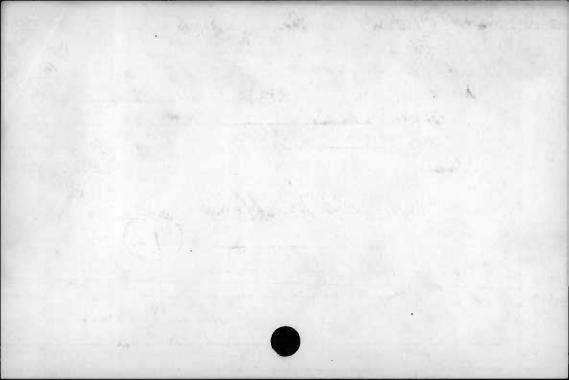
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Christian Milles 2334 Jefferson ST Immanuel Cemetary June 29/08

in Full	George To	aux le	in Selig	CÉRT	FICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died et . Caulen		Ball		MARYLAND	
	Date of death 1908 Month	2 6	Age	Months	Days	
	sex male	Color or Race	vhile	Birth- Cau	los.	
	Occupation Twee		Where Residing if not at place of death			
	Married, Single or Widows d	Name of Wifa or Husband				
	Father's Name	Father's Birthplace	iel			
	Mother's Maiden Nama & alie Vi Likes			Mother's Birthplece Zud		
	Neme of person giving In formation	How related Frand molling				
		CAUSI	ES OF DEATH	105)		
PHYSICIAN OR CORONER	Primary Cholera	Sufa	utur	How long	tay p	
	Immediata Exhau	stion		How long	ery	
	Are the name,age,sex,color.date and place correctly given above?		Signature of Physician	w. Jone	54.N	
			Addrass 3	116 open	well Pf	
X	Accident or Suicide?	7-				
1 -		V		LIBRARY	BUSSAU ABBBLE	

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Zikler+ Zirkler 1739 E. Eager bedar Hill Benuten June 28-08/ Name in Full. CERTIFICATE OF DEATH County Died at hear Int Ken MARYLAND Day Years Months Date of death 190 & June Age NEAREST FRIEND Color or Race White male ANSWERED Occupation Where Residing if not non at place of death Name of Wife or Married, Single Mon Miral Husband or Widowed TO BE Father's Father's Name Birtholace Mether's Mother's Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ABSSIS



Name in Full CERTIFICATE OF DEATH Town Died at MARYLAND Date Month Months Davs of death 190 8 Age B Ω White Color or Race Birth-place BE ANSWERED NEAREST FRIEN Where Residing if not at place of death Married, Single Name of Wite or or Widawed Husband Father's Father's Name Birthplace 01 Mother's Mother's Maiden Name Birthplace Name of person giving How related Imformation . eceased CAUSES OF DEATH Primary OR CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? SISSEA UARRUE YRAFELL

Buried at Grace M. E. Chury Yard. Chestaut Ridge - by Jather Geo. Summons Ochegrille And. June 16/68 - R. H.L. 3

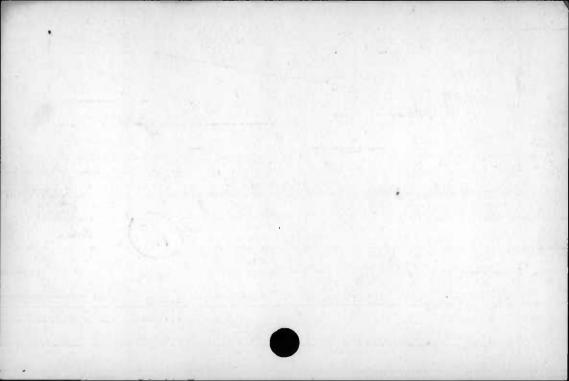
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Rolf. T. Turner. -1447 M. Broadway. Remove to 1442 17. Brondway

Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Days Date Age of death 190 0 Birth-Color or ANSWERED FRIEN place Sex Race Where Residing if not at place of death NEAREST Name of Wile or Married, Single Husband or Widowed 田田 Father's Father's Birtholage Name To Mether's Mother's Sirthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ARESTE

John Haling + Son Edar/Hill Cem A. A. Ov.

Name hero Berthy Douceen CERTIFICATE OF DEATH Died at Baltum one MARYLAND Months Days of death 1908 Color or white. (amen) Birth- Baltimore, ANSWERED Where Residing if not 706 Ramzey DT. House wife Name of Wife or of the Married, Single Tu. Douders. or Widowed George Wilhelen Birthplaca Deres any har fores Blocker Birthprace Termany Name of person giving Sev. Sach every en How related fulfbe of in CAUSES OF DEATH Chronic appendiation acute allaces, 3 day , (2) How long * day a entouitis - Tox auia 20 Paul Preven med SE Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Stagaes Hoopilal (solto, me. Accident or Suicide?



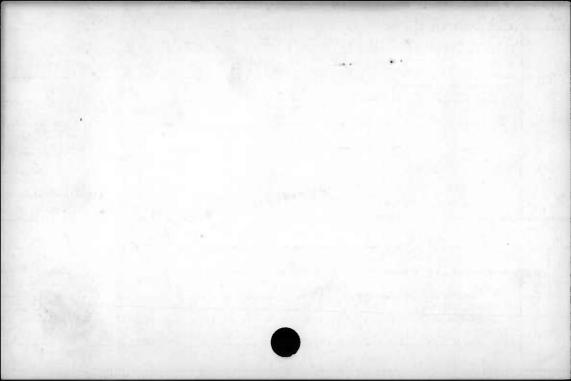
Name in Full CERTIFICATE OF DEATH Town County * Died at MARYLAND Month Days Months Date of death 190 Birth-place Color or Race FRIEN ANSWERED Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed TO BE NEA Father's Pather's Name Mother's Mothers Birthplace Maiden Name Name of person giving Howiselated o deceas In formation Anotant death CAUSES OF DEATH Primary ORONER How long **Immediate** Are the name, age, sex, color.date Signature of and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ASSELS

underlaker Portert A Elliott 506 Rogen Aus Balto city Barehile Cerulay

Name in CERTIFICATE OF DEATH Full. Died at Jut Washington Ball. MARYLAND Months Davs Date of death 190 % 0 Birth-Color or treel ANSWERED FRIEN place Sex Occupation Where Residing if not risie at place of death REST Name of Wite or Married, Single Single Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's In Mann Birthplace Maiden Name How related Name of person giving today ased Brother In formation CAUSES OF DEATH Primary Sholua Gerfantum EB How long PHYSICIAN Z **Immediate** 0 OR Are the name, age, sex, color, Cate Signature of and place correctly given above? -Physician Address AW arefunction Accident or Suicide? LIBRARY BUREAU ABSSES

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Name in Full CERTIFICATE OF DEATH muila MARYLAND Days Months Date Color or FRIENI ANSWERED Occupation Where Residing if not at place of death NEAREST Vaune of WHE OF Married, Single or Widowed Father's Father's Birthplace 44 Name Lo Mother's Mother's Birtholace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN Are the name, age, sex, color. date Signature of Physician and place correctly given above? Accident or Suicide? LIBBARY BUREAU ASSSES



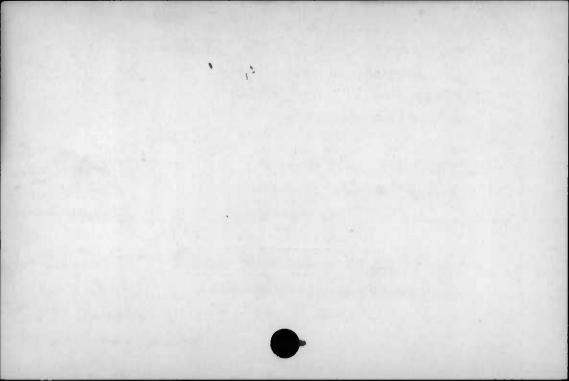
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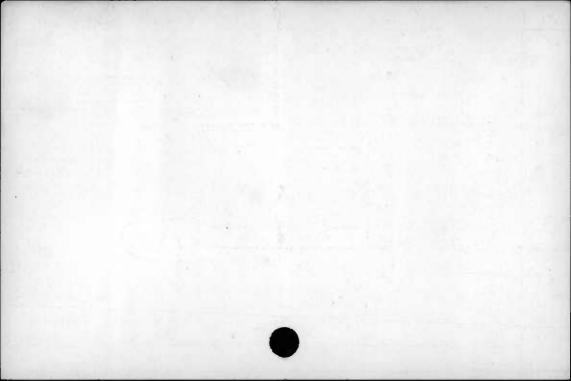
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in Full	Catherine	Sten	kel		CERTIFICA	TE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Itighland		MARYLAND			
	Date of death 1908 Month	Day 2 2	Age Years	Мо	orths	Days 7 2
	Sex Females	Color or Race	white	Birth- place	Tud	/
	Occupation		Where Residing if not at place of death	_		
	Married, Single or Widowed	Name of Wife or Husband				
	Father's Name Lacol	Sten	kee	Father's Bithplace	Gen	·
	Mother's Maiden Name Caat	tui.	6 auto	Micher's Birthplace	_	
	Name of person giving Information	hermi	Sterkel	How related to 1	mos	Sen.
		CAUSES	S OF DEATH	105	11/48	
	Primary Chapler	a Du	fautour	How long	1 we	k
PHYSICIAN OR CORONER	Immediate Low	vulsio	\$	How long	few +	· our
	Are the name, age, sex, color, date and place correctly given above?		ignature of A	t. a -	Olla	its
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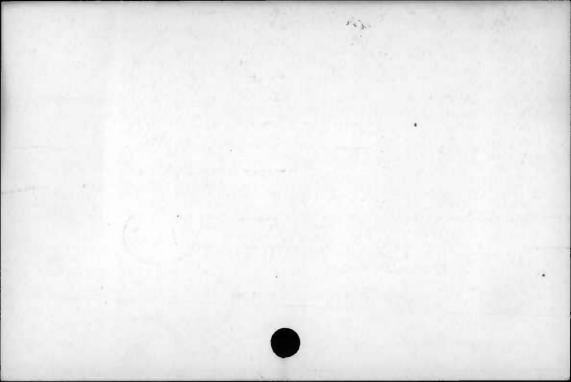
Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Age Birth- Austerston Color or Race ANSWERED FRIEN Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wite or Husband or Widowed BE Father's Father's Name 10 Mother's Mother's Wother's Birthplace Carrolleco 444 How related Name of person giving to deceased in formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address CIBBARY BUREAU A89516



Name whileso line in CERTIFICATE OF DEATH Full Town County MARYLAND Months Days Date Age of death 190 Birth-Color or Race Mil ANSWERED FRIEN place Occupation Where Residing if not meny at place of death REST Married, Single Name of Wife or or Witter 38 Father's Father' Name Birtholace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN **immediate** Are the name, age, sex, color. date Signature of Physician and place correctly given above? Addres œ Accident or Suicide? LIBRARY BUREAU ASSESS



in Full	(two honeyer)	, yus	tains.		CERTIFICAT	E OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Chlorite		MARYLAND			
	Date of death 1908 Month	Day A	ge Years	Mo	nths	Days
	Sex Mule R	color or Whe	te	Birth- Ze	uman	y.
	Occupation Musician		Where Residing if not at place of death	/ .	4	
	Married, Single 2	ame of Wite or usband	enk.			
	Father's Rame Lund		/	Father's Birthplace	link	/
	Mother's Marden Name Lenk		1/	Mother's Birthplace	link	2.
	Name of person giving In formation			How related		
		CAUSES	DEATH	120		
	Primary Service De	mente	a	How long	4 CM	_
PHYSICIAN OR CORONER	Immediate aliquic	Poright	Deseaux	How long	2 no	2.
	Are the name, age, sex, color. date and place correctly given above?		nature of sician	Vercy	Wade	
			Address Cla	tonso	ille S	md
X	Accident or Suicide? . Mo.					
					JERARY BUREAU	Aseqia



Name in us Helen C. CERTIFICATE OF DEATH Full MARYLAND Days Date Birth-ANSWERED place Where Residing if not et place of death Married, Single or Widowed Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary How long ONER PHYSICIAN D. Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS

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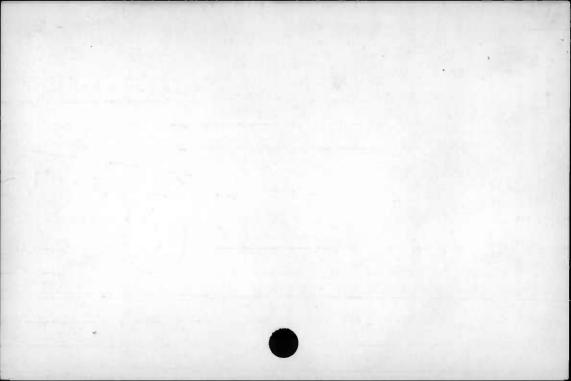
Name in Full CERTIFICATE OF DEATH MARYLAND Died at . Month Months Days Date Age of death 190 Color or Birth-ANSWERED REST FRIEN Race Occupation Where Residing if not at place of death Married, Single Name of Wife or Husband or Widowed NEA TO BE Fathers Father's Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUSEAU ASSSIS

Interment of Troots Obile bunday W. C Brooks

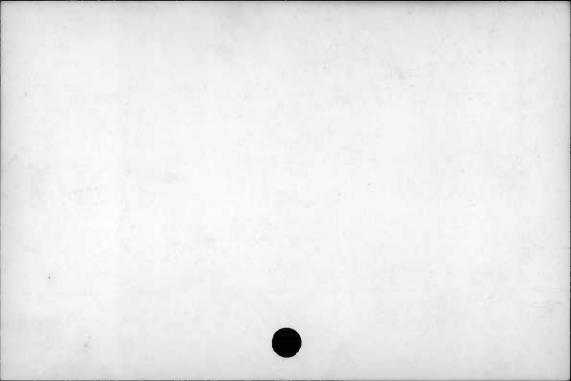
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1st Evangelical Cen. June 15/08 H. Sander Mors

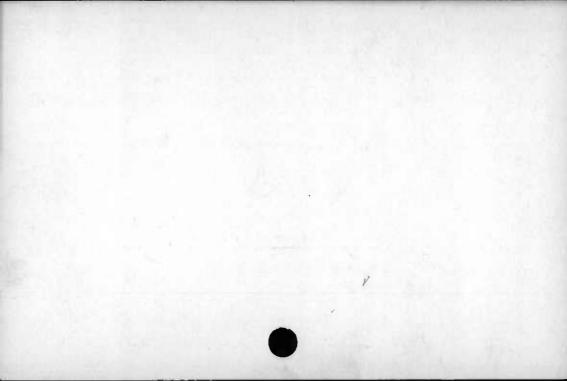
Name in Full	CERTIFICATE OF DE								
	Died at Manor			Balto			MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Date of death 190 \$	Month 6	26	Age	Years	Months		Days	
	Sex Mal	e Co Ra	lor or	Whil	ē	Birth- place	mas	nor	
	Occupation Where Residing if not at place of death								
	Married, Single Name of Wife or Husband								
	Father's James J. Tredway					Father's Ballimere			
	Mother's Maiden Name Gentrude Parlett					Mother's Birthplace			
	Name of person giving fames of Tredusy to						Far	ther	
			CAUS	ES OF DE	тн	15			
PHYSICIAN OR CORONER	Primary	-	_			How long	_		
	How long immediate								
				Signature of Physician J. J. Payne					
				Add	ress P	reoni	velk	8	
	Accident or Suicide?								
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Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Days Month Date Age of death 190 Birth-Color or ANSWERED NEAREST FRIEN Race Occupation Where Residing if not × at place of death Name of Wife or Married, Single Husband or Widowed 8月 Father's Birthplace Name Mother's Mother's Birthplace Maiden Name XO How related Name of person giving In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician 00 Address Accident or Suicide? LIBRARY BUREAU ASSETS



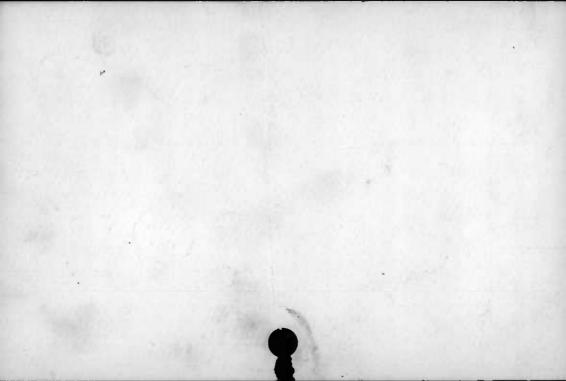
Name in Full CERTIFICATE OF DEATH County MARYLAND Age Color or ANSWERED REST FRIEN Occupation Where Residing if not at place of death Name of Wite or Married, Single Husband or Widowed TO BE Father's George W. Tumbough Father's Name Birthplace Mother's Maiden Name Alice n. Mother's Birthplace Name of person giving Leo. Haw related CAUSES OF DEATH Primary EB How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address 00 Accident or Suicide?



Name in Full MARYLAND Months Date Age of death 190 FRIEND Color or ANSWERED Sex Race Occup, Where Residing if not at place of death NEAREST Name of Wife or Married, Single Husband or Widowed BE Father's Father's Name Birthplace 1º Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation -deceased CAUSES OF DEATH Primary How lo CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OC. Accident or Suicide?

St. John & Church. Sustan July 2/1908 N. S. Maris hall 35-39 Jules Rord

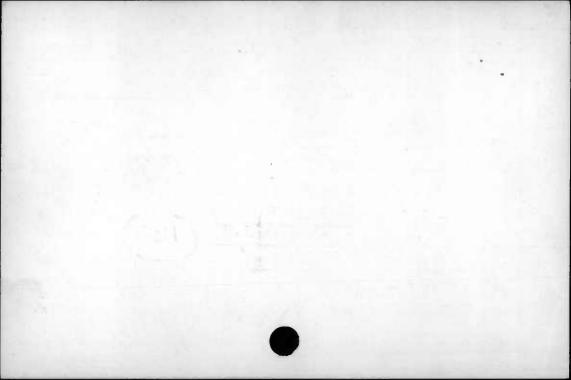
Name in Full CERTIFICATE OF DEATH Died at MARYLAND Month Months Days Day Date of death 190 X Age me BY 0 Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed NEA BE Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to de eased CAUSES OF DEATH How la Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS



Name in molcolm Full CERTIFICATE OF DEATH County MARYLAND Date Age Color or Birth-place ANSWERED FRIEN Where Residing if not M. Was Occupation Married, Single Name of Wife or 4 or Widowed Husband Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving Raa How related to despeced CAUSES OF DEATH Primary How long EB How long PHYSICIAN NO Are the name, age, sex, color, date Signature of nes and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ABOOLO

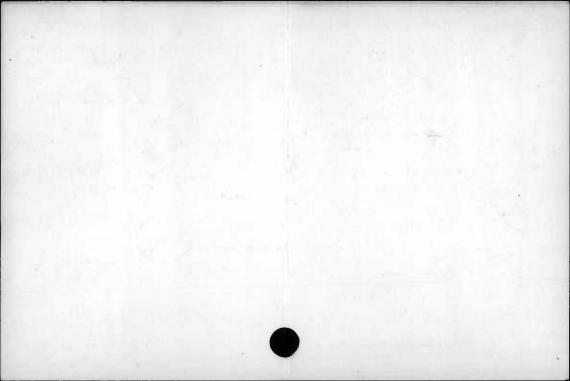
Henry M. Jenkinsa Sons En Luneral Tuerday June 23.8 108 New Eathedral Em"

Name ances Robert Warner in CERTIFICATE OF DEATH Full Hazh fold MARYLAND Months Days Date Age Birth-Color or Race ANSWERED FRIEN Occupation Where Residing if not eal estate at place of death Name of Wife or Married, Smale Or Widowed Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving Chura Warne How related to deseased CAUSES OF DEATH. How long ER How long PHYSICIAN NO Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU A

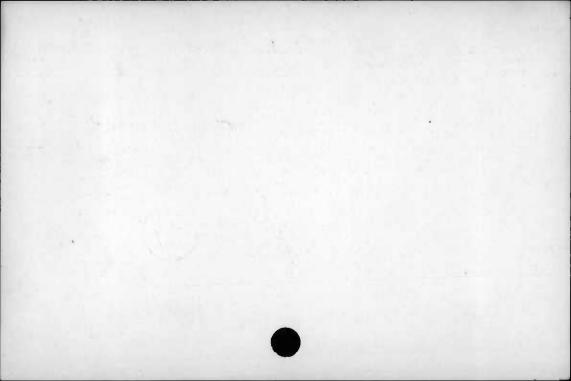


Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Months Date Days of death 190 Age B 0 Birth- 4 Color or ANSWERED NEAREST FRIEN Race Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed Husband TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primery How Ic CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician 6 Address Accident or Suicide? LIBRARY BUREAU ASSSIS

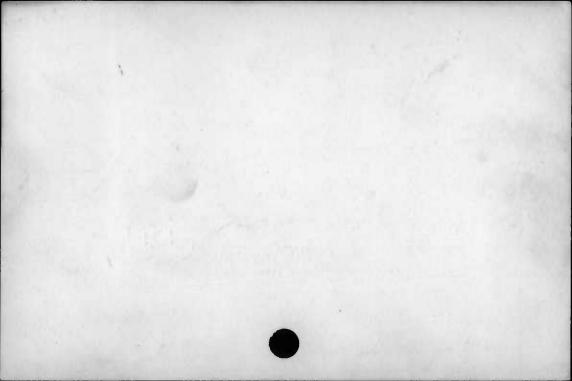
F. Lassahm & Sons Harner Home Cometery Name in Full CERTIFICATE OF DEATH MARYLAND Months Days Date Color or Race Birth- Baltimore ANSWERED FRIEN Occupation Where Residing if not arre de Gra at place of death Manued Name of Wife or Husband Married, Single or Widowed 田田 Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Two Days DRONER PHYSICIAN Are the name, age, sex, color. date Signature of aleck P. Harrison Ill. D. and place correctly given above? Physician Address St, agues Hospital Balls Accident or Suicide? LIBRARY BUREAU ARE



Name in CERTIFICATE OF DEATH Full Frimal MARYLAND Died at Month Months Days Date Age of death | 90/ Color or Birth-ANSWERED REST FRIEN Sex Race Occupation Where Residing if not at place of death Name of Wife or Married, Single X or Widowed Husband NEAF HE Father's Father's Birthplace Name Lo Mother's Mother's Birthplace Maiden Name How related Name of person giving Andeceased In formation CAUSES OF DEATH Primary How long CORONER PHYSICIAN **Immediate** Signature of Are the name, age, sex, color. date and place correctly given above? Physician Address 00/ Accident or Suicide? LIBRARY BUREAU ASSESS



Name in Full		c	ERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at Raspebura			Bal	livere	MARYLAND		
	Date of death 1908	Month Da 29	,	Years	Mont	29 Days		
	Sex 7.	Color or Race				Birth- Raspebrug. hw.		
	Occupation			Residing if not a of death		/		
	Married, Single or Widowed	Name of W Husband	Vite or	-				
	Father's Clearles H. Mr			ux /	Father's Birthplace	Batto, And.		
	Mother's Maiden Name	margaret	- List	. /	Mother's Balf. Med.			
	Name of person giving In formation				How related			
			CAUSES OF DE	АТН	(151)			
PHYSICIAN OR CORONER	Primary Mou	rasmus	- 1/		Howlong	months 298		
	Immediate EX	constion	U		How long			
	Are the name, age, sex, col and place correctly given		Signature Physician	of a.	L. Wilki	rurg, Ind.		
			Ac	ldress	Raspel	rurg, Ind.		
	Accident or Suicide?					1		
					LIB	BARY BUREAU ABBEIS		



Name in Full CERTIFICATE OF DEATH County Town Died MARYLAND Month Day Months Days Date of death 190 8 Birth-Color or ANSWERED REST FRIEN place Race Occupation Where Residing if not at place of death Name of Wife or Married, Single or Widowed BE Father's Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How los CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS

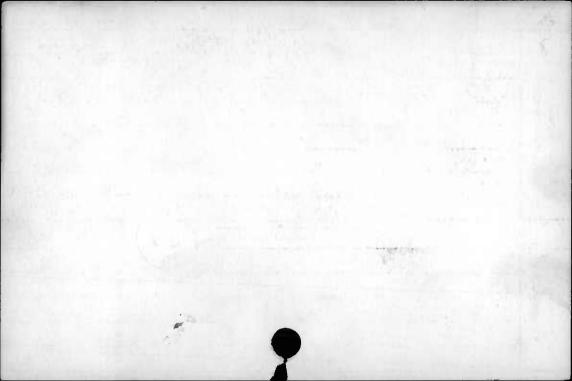
John Burns Sous. Towson Md.

Name in CERTIFICATE OF DEATH Full County Died at MARYLAND Month Day Months Days Date of death 190 ٥ Color or Birth-ANSWERED FRIEN Sex Race place Occupation Where Residing if not at place of death REST Married Single Name of Wife or or Widowed TO BE NEA Fathers Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary How long lily mi ci drutal tool d'as CORONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSIS

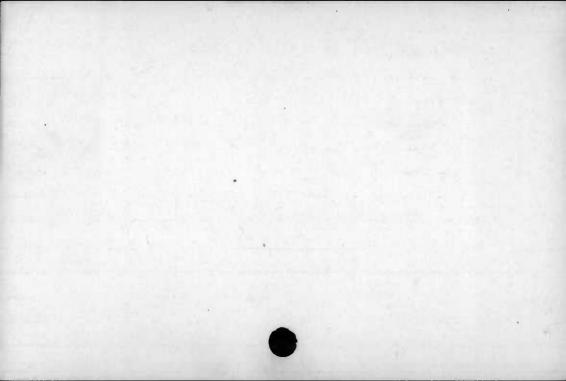
Removal to anotomial Buard Baltum leily Name in CERTIFICATE OF DEATH Full County MARYLAND Months Days Color or Black Birth- 5 ANSWERED REST FRIEN Sex Occupation Where Residing if not Marzieat place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Birthplace O Mother's Mother's Birthplace Maiden Name Name of person giving Father. How related to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address antitishen. Accident or Suicide? LIBRARY BUREAU ASSETS

Cowan + Gill
M1 Zion

Name in Full	Henry W	Valle	~	CERT	IFICATE OF DEATH	
	Died at Boring		Back		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death 190 8	Day 20	Age Years	Months	Days	
	Sex Male	Color or Race	white-	Birth- Commany.		
	Retired shoen	raker	Where Residing if not at place of death		<i>H</i>	
	Married, Single or Widowed married	Name of Wife or Husband	Maggi	1. 3/100	18	
	Father's Name The forces 1.			Father's Birthplace Anknown		
	Mother's Maiden Name			Mother's Birthplace Unknown 343		
	Name of person giving In formation			to deceased Scholing		
	0 -	CAUSE	ES OF DEATH	64)		
PHYSICIAN OR CORONER	Primary Ol 11			How long		
	Immediate Parelys	40		How long Su	ddinly	
	Are the name, age, sex, color. date and place correctly given above?	nd place correctly given above? Physician Pag Muloon				
	Address Toubles burn					
X	Accident or Suicide?				mel	
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Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date Age of death 190 BY 0 Birth-place Color or ANSWERED FRIEN Race Occupation Where Residing If not at place of death REST Name of Wife or Married, S Husband TO BE NEA Father's Father' Name Mother's Mothar's Birthplace Maiden Name How related Name of person giving In formation KAUSES OF DEATH Primary How los CORONER How long PHYSICIAN Im mediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address Accident or Suicide? BIBBBB UARAU ABBBLS



Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Date Days of death | 90 Color or Birth-ANSWERED FRIEN Sex place Race Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Whow Husband or Widowed NEAF BE Father's Fathe Bithplace Name LO Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH How long A How long ORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of hysician and place correctly given above? Address Accident o Suicide? LIBRARY BUREAU ASSSIG

Canton Police
Combalance.

John Hopking & Hopkland,
City Manger,
Sat, Juny 20/08,

Name CERTIFICATE OF DEATH Full County Town MARYLAND Died at Months Days Day Date Age of death 190 Color or Race Birth-FRIENI ANSWERED Sex place Occupation NEAREST Married, Single or Widowed BE Father's Name Mother's Maiden Name How related Name of person giv ery dand to deceased In formation CAUSES OF DEATH How long Primary Engine # 1335 RR main ONER How long PHYSICIAN killed outright Immediate OR Are the name, age, sex, color. date Signature of and place correctly given above? Address It senis Accident or Suicide? accident LIBRARY BUREAU ASSSIS

